

INTERNATIONAL THEOLOGICAL SEMINARY

**African Traditional Medicine and Christian Faith in the
Baptist Convention of Malawi**

By
Ben Chikaoneka

A Dissertation Presented to the Faculty of the
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In Partial Fulfillment of the
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Approved:

Chairperson:

Member:

Member:

Academic Dean:

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ABSTRACT

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This study explores the perspectives and experiences of members of the Baptist Convention of Malawi (BACOMA) churches in Lilongwe District regarding African Traditional Medicine (ATM). Using a qualitative, phenomenological approach, the research examined socio-cultural, religious, and experiential factors shaping attitudes toward ATM and the ethical dilemmas church members face in navigating healthcare choices. In-depth interviews were conducted with 12 pastors and 8 congregants purposefully selected from three BACOMA Associations in Lilongwe District.

Thematic analysis revealed diverse views: around 50% saw ATM as a culturally relevant complement to modern medicine, citing its perceived efficacy and accessibility. About 40% raised concerns regarding safety and scientific validity, while 10% rejected ATM entirely due to conflicts with Christian beliefs. Ethical tensions emerged around faith in divine healing versus reliance on traditional remedies, and concerns about associations with practices considered incompatible with Christianity.

Findings show that multiple factors influence BACOMA members' attitudes toward ATM, including personal experiences, interpretations of scripture, trust in biomedical science, and socio-cultural norms. The study underscores the importance of informed,

culturally sensitive dialogue among BACOMA leaders and the potential for integrating indigenous knowledge with conventional healthcare.

Future research should focus on developing culturally appropriate health education programs and exploring collaboration between traditional healers and biomedical practitioners to promote holistic well-being within Malawian faith communities.

Mentor: Dr. Priscilla Adoyo

213 words

ENGLISH LANGUAGE DISCLAIMER

As a non-native speaker of English, I am aware that my writing may at times lack clarity, though I have attempted to write as clearly as possible. I appreciate the editorial assistance I have received from various individuals, but acknowledge that the responsibility for this work is entirely my own.

DEDICATION

I dedicate this dissertation to the Almighty God, whose grace and guidance have been my constant companions throughout this journey. I also dedicate this work to my family for their unwavering support and encouragement, and for the sacrifices that made this achievement possible.

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CHAPTER 1

INTRODUCTION

Many Malawians consider the coexistence of African Traditional Medicine and Christian beliefs as syncretism. Syncretism is a situation where traditional healers often intertwine traditional practices with Christian doctrines. This blending is particularly noticeable in the utilization of Scripture by traditional healers to address various ailments. Nevertheless, the relationship between traditional healers and the Christian community is not devoid of tensions. Some denominations frequently express disapproval towards the fusion of Christianity and traditional medicine, leading to the marginalization of African traditional healing practices and portraying them as unscientific and detrimental to health.¹ Despite this, the majority of people in Malawi, approximately 90%, depend on natural resources as their main source of income.² Hence, Traditional medicine remains more easily accessible in Malawian societies than biomedical remedies, because of financial constraints and cultural traditions.³

Churches in Malawi—and individuals in them—have varying attitudes towards African Traditional Medicine. Some churches express strong opposition, while others accept the use of African Traditional Medicine. The skepticism often arises from concerns

¹ Ali Arazeem Abdullahi, “Trends and Challenges of Traditional Medicine in Africa,” *African Journal of Traditional, Complementary and Alternative Medicines* 8, no. 5S (2011) : 2.

² Andrew Drury, “What Role do Traditional Healers Play in the Pathway to Care of Psychiatric Patients in Malawi, and how does this Compare to other African Countries?,” *Journal of Psychiatry and Psychiatric Disorders* 4, no. 4 (2020):175.

³ Abdullahi, “Trends and Challenges of Traditional Medicine in Africa,” 3.

about the compatibility of Traditional practices with the Christian lifestyle that prioritizes faith in divine power and biblical teachings over traditional medicine. In addition to faith and prayers, Western missionaries influenced churches in Malawi to seek biomedical treatment for medical matters. The medical practices of the missionaries were largely dismissive of indigenous healing methods, although there were instances where they integrated the elements of both systems and made concessions to accommodate traditional beliefs and practices.⁴ For example, hierarchical churches including the Church of Central Africa Presbyterian (CCAP) imposed a strict stance by prohibiting its members from seeking help from traditional healers but allowing them to visit Western health facilities. The church could excommunicate those who sought help from traditional healers.⁵ Zionist Churches in Malawi enforce strict regulations prohibiting their followers from seeking medical assistance from Western hospitals or traditional healers, under the threat of expelling them from the congregation. Senior members of the Zionist Churches advocate for patients to receive treatment exclusively from the Zion Church clinic, where healing practices involve prayers, blessed water, and the use of protective amulets to combat illnesses.⁶

⁴ Rachel NyaGondwe Fiedler and Christina Landman, “The Impact of Traditional Health Practices, Revivalism, Patriarchy and Economic Factors on the History of the Baptist Convention’s Health Response in Post-Independence Malawi,” *Studia Historiae Ecclesiasticae*, 2024, 1-15.

⁵ Brian Morris and Jerome Dennis Msonthi, *Chewa Medical Botany: A Study of Herbalism in Southern Malawi*, vol. 2 (Münster: LIT Verlag, 1996).

⁶ Alister C. Munthali et al, “Seeking Biomedical and Traditional Treatment is a Spiritual Lapse among Zionists: A Case Study of the Zion Church in Malawi,” *Ufahamu: A Journal of African Studies* 39, no. 2 (2016).

The Baptist Convention of Malawi (BACOMA) was started through the work of Southern Baptist Convention missionaries from the United States of America (USA), who arrived in Malawi in 1961.⁷ The missionaries placed great importance on healthcare but they did not solve the challenge of the Christian faith and African Traditional Medicine use. Research by Fiedler and Landman investigated the impact of Traditional health practices and economic factors on the history of the Baptist Convention's health responses in the Southeast region of Malawi. They found that the Baptist Convention's health responses are always wholistic and influenced by the Baptist's distinctive individual conscience, patriarchy, economic factors, and church polity.⁸ Unfortunately, they found that the Baptist distinctive of members making individual conscience decisions and the distinctive of the autonomy of the local congregation made it impossible for the Convention to have a clear stand on the use of traditional medicine.⁹ As a result, faith healing approaches that do not deny the use of either traditional or biomedical treatment affected the Convention's position on traditional medicine.¹⁰

⁷ Hany Longwe, *Christians by Grace: Baptists by Choice. A History of the Baptist Convention in Malawi* (Mzuzu: Mzuni Press, 2013).

⁸ Rachel Fiedler and Christina Landman, "The Impact of Traditional Health Practices" :1.

⁹ Rachel Fiedler and Christina Landman, "The Impact of Traditional Health Practices:12.

¹⁰ Rachel Fiedler and Christina Landman, "The Impact of Traditional Health Practices:12.

1.1 The Research Issue

African Traditional Medicine is widely accepted in Malawian communities, where 80 percent of the population uses it.¹¹ Despite the faith healing approach that influenced BACOMA not to have a clear position, many members of BACOMA churches come from traditional backgrounds where African Traditional Medicine is prevalent. Some of them practice dual religiosity; belonging to the church does not mean disassociation from their traditional beliefs and culture.¹² Moreover, the Baptist distinctive of individual conscience and autonomy of the congregation poses a significant challenge for BACOMA church members to make informed decisions on African Traditional Medicine. Some BACOMA church members believe in integrating African Traditional Medicine into modern healthcare practices, while others argue that traditional medicines lack scientific evidence for their safety, efficacy, or quality. Some regard using African Traditional Medicine as syncretism. Despite World Health Organization (WHO) addressing the critical need for a standardized approach to ensure the safety, efficacy, and quality of these medicines, which are widely used across the continent, lack of knowledge among members in BACOMA churches leads to confusion, inconsistency, and potential conflicts within the church. Therefore, the research questions are as follows:

¹¹ Andrew Simwaka, Karl Peltzer, and Dixie Maluwa-Banda, “Indigenous Healing Practices in Malawi,” *Journal of Psychology in Africa* 17, no. 1–2 (2007): 155.

¹² Joyce Mlenga, *Dual Religiosity in Northern Malawi: Ngonde Christians and African Traditional Religion* (Mzuzu: Mzuni Press, 2016), 1–12.

1. What is the practical position of the Baptist Convention of Malawi towards the use of Traditional African medicine?
2. What is the biblical and scientific basis for BACOMA church members' practical position towards the use of Traditional African medicine?
3. What is the Practical Effect of African Traditional Medicine on the Christian Faith?

1.2 Purpose Statement

This phenomenological study aims to explore the practical perspectives on the use of African Traditional Medicine among Baptist Convention of Malawi (BACOMA) churches in Lilongwe District. I will accomplish this goal through a literature review of relevant theological and academic literature on the practical perspectives of Traditional African medicine, with the view to correct outdated ideas held by Christians in Malawi in general and BACOMA congregations in particular. My central concern is the issue of whether the use of African Traditional Medicine constitutes religious syncretism among the BACOMA congregants. This is important given that BACOMA church pastors preach against or support the use of Traditional African medicine.

1.3 Significance of the Study

This research is of considerable importance as it transcends simplistic interpretations of the relationship between faith and culture, whether in conflict or in

harmony. It explores the intricate and multifaceted realities faced by members of the Baptist Convention of Malawi (BACOMA) as they navigate their personal beliefs within a community deeply influenced by both Christian traditions and persistent African cultural practices. By concentrating on the lived experiences and subjective perceptions of BACOMA members, this study offers significant insights into the dynamic interactions between faith, culture, and individual conscience within this particular socio-religious framework. Ultimately, this research aims to shed light not only on the challenges and tensions that emerge from this intersection but also the opportunities for integration, deeper understanding and the development of meaningful personal choices in the lives of BACOMA church members. Such insights can prove valuable for religious leaders, community organizers, and individuals striving to promote enhanced intercultural and interfaith dialogue and understanding.

1.4 Conceptual Framework of the Study

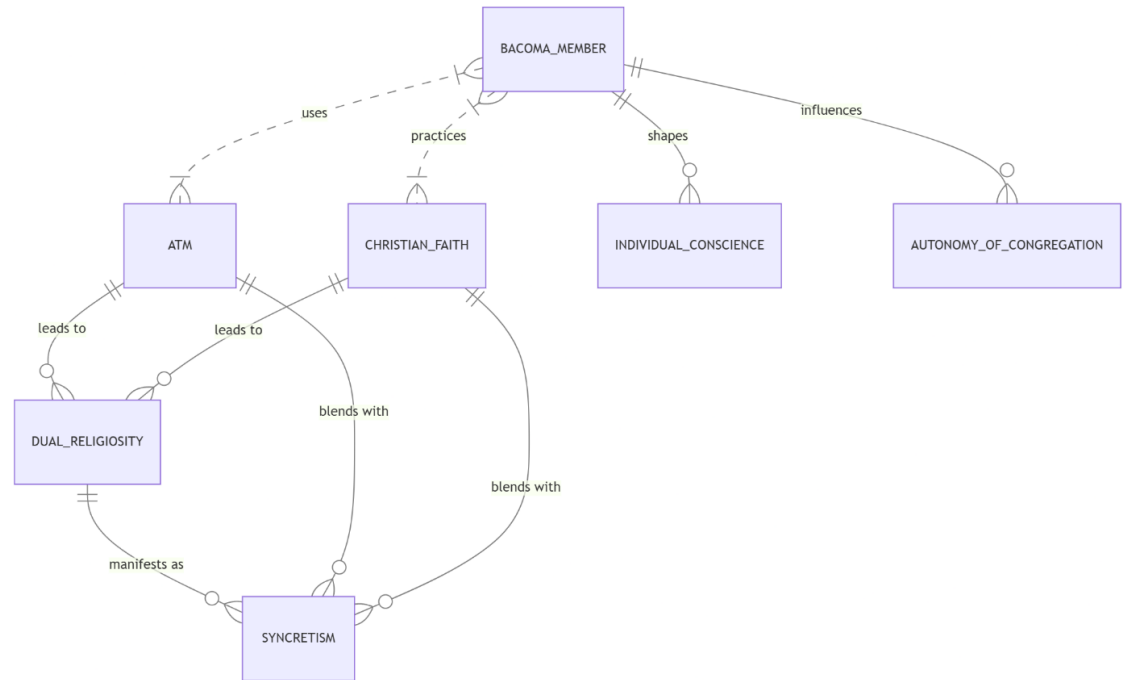


Figure 1: A Conceptual Framework

Figure 1, the Conceptual Framework, centers on the Lived Experiences of BACOMA church members regarding African Traditional Medicine (ATM) and Christian Faith. The Baptist Convention of Malawi (BACOMA) church members navigate a multifaceted environment where their Christian beliefs intersect with the longstanding practice of African Traditional Medicine (ATM). To have a better understanding of this intersection, this research aims to move beyond theoretical discussions and concentrate on the lived experiences of these individuals. Figure 1 highlights concepts to explore how BACOMA church members perceive, experience, and understand the issue of using ATM

concerning their Christian faith. Central to this exploration is the personal experience of these individuals. The aim of this research is not to impose external evaluations; rather, to comprehend the internal perspectives of BACOMA church members as they engage with matters of faith, healing, and cultural identity. This study acknowledges the depth and intricacy of their experiences, recognizing that each individual's journey is distinct.

Several key concepts guide our exploration:

African Traditional Medicine (ATM): This research views ATM not merely as a scientific phenomenon but as a vibrant cultural and spiritual healing system deeply rooted in Malawian society. This perspective highlights the subjective experience of ATM. The research is particularly interested in:

- Perceived Efficacy: Do BACOMA church members believe that ATM is effective in healing?
- Source of Power: Where do BACOMA church members think ATM derives its power from?
- Cultural Identity: How does ATM relate to their cultural identity?
- Compatibility with Christianity: Do BACOMA church members see ATM as compatible or incompatible with their Christian beliefs?

Christian Faith: A Living Religion: The research explores the real-life religious experiences of BACOMA church members. This involves understanding:

- Interpretation of Christian Teachings: How do BACOMA church members make sense of Christian teachings related to healing, spiritual power, and traditional practices?
- Significance of Faith: What importance does the faith of BACOMA church members have for their health and well-being?
- Emotions Linked to Faith: What feelings arise from following their faith principles in this particular context?

Dual Religiosity (or Religious Hybridity): The research looks into how individuals might engage with both ATM and Christian practices at the same time. This examines:

- Integration vs. Compartmentalization: How do BACOMA church members blend or separate these systems?
- Significance of Engagement: What value do BACOMA church members find in participating in both?
- Perceived Conflict or Synergy: Do BACOMA church members see conflict, harmony, or separate areas of influence between ATM and Christianity?

This dual engagement is not taken for granted but is investigated as a possible outcome of their lived experiences.

Syncretism: The idea of syncretism, which refers to the blending of ATM and Christian beliefs, serves not as a starting point but as a focal area for exploration. The goal is to understand:

- The Interpretation of Mixed Beliefs: How do people perceive and interpret the combination of these beliefs?
- Creation of Hybrid Practices: Are individuals actively creating practices that merge these traditions?
- Value of Blending: What significance or necessity do they find in this blending of beliefs?

Individual Conscience: A key concept here is the individual conscience, which emphasizes:

- Internal Struggles and Peace: Do individuals face internal conflicts or find peace regarding ATM and Christian teachings?
- Justification of Choices: What reasoning do they employ to justify their decisions?
- Emotional Responses: How do they emotionally respond to perceived moral dilemmas?

Autonomy of the Local Congregation (within BACOMA): Lastly, the research looks into how local church leadership influences this matter. This involves understanding:

- Messages about ATM: What messages are conveyed about the acceptability of ATM?
- Impact on Perceptions and Decisions: How do these messages shape the perceptions and decisions?
- Alignment or Divergence: In what ways do personal experiences and congregational teachings align or differ?

By delving into these questions, this research seeks to offer a nuanced understanding of the complex relationship between ATM and the Christian faith within the BACOMA church context. It highlights the importance of recognizing the lived experiences of individuals as they navigate these two realms, guided by their faith, culture, and personal conscience. This empathetic approach fosters a deeper appreciation of the challenges and successes BACOMA church members in Lilongwe District encountered.

1.5 Scope and Limitations of the Study

This research examines the viewpoints of adult members actively engaged in the Baptist Convention of Malawi (BACOMA) churches located in the Lilongwe district, focusing on the interplay between their Christian beliefs and the application of African Traditional Medicine (ATM). The researcher gathered Qualitative data through semi-structured interviews. The study aims to investigate beliefs regarding the effectiveness of ATM, perceptions of the compatibility of faith with ATM, personal experiences related to

ATM usage, and the impact of BACOMA's teachings. It is important to recognize the limitations inherent in this localized research. The results, derived from a sample of only 20 participants from BACOMA churches in the Lilongwe district, cannot encompass all Christians in Malawi or even all BACOMA members. The reliance on self-reported information raises concerns about potential bias, as participants might express opinions they perceive as socially acceptable or in line with the church's expectations. Additionally, the researcher's position as an "insider" may unintentionally affect the interpretation of the findings. Nevertheless, this study offers significant insights into the intricate relationship between faith and traditional practices within a specific cultural framework. It highlights the necessity of understanding the varied perspectives within religious communities and the continuous negotiation between tradition and modernity that influences the lives of many individuals in Malawi.

1.6 Overview of the Study

Chapter 2: Review of the Literature – discusses relevant literature for the study related to the use of African Traditional Medicine in BACOMA Churches in Lilongwe District. The basic source of the information is published books and articles.

Chapter 3: Biblical Foundations – discusses the biblical view on the use of Traditional Medicine. The sources of information are the Old and New Testaments. The New Testament serves to interpret the Old Testament in light of Christ's life and teachings, establishing the theological foundations for Christian belief and practice.

Chapter 4: Methodology – explains the methodology of this study. It discusses in detail the procedure and research design including questionnaire development, survey, and analysis. The chapter also explains how the qualitative research was conducted, including how samples were selected, how data were collected, and how analysis was performed and concluded. The qualitative study was conducted through the interview of some respondents to enhance the understanding of the phenomenon.

In Chapter 5, the focus shifts to presenting the findings of the qualitative study, which is an essential component of the research process. This chapter is the culmination of the research design and procedures previously outlined, providing a comprehensive overview of the data collected and analyzed.

Chapter 6: Discussion & Analysis of Findings -- discusses in detail the results of the survey together with the analysis. The overall discussion and analysis of the results serve as the basis for the conclusion of the study as will be discussed in Chapter 7.

Chapter 7: Summary, Conclusions, and Recommendations – presents a summary and the overall conclusion of the study. It also makes some recommendations and answers key questions of the research.

CHAPTER 2

LITERATURE REVIEW

Theologians have not widely addressed the issue of Christian faith and African Traditional Medicine (ATM). Malawian theologians, in particular, have discussed several crucial topics, including witchcraft, traditional healing systems, and modern healing systems. However, there is a lack of literature that discusses the practical position of believers regarding the use of traditional medicine that helps individuals make informed decisions about whether to use ATM or not. This chapter aims to fill the gap concerning the use of African Traditional Medicine with a review of literature related to BACOMA beliefs and Traditional African medicine.

2.1 Understanding the Term “Traditional African Medicine”

Long before the advent of modern medical practices, various indigenous systems of medical knowledge and healing existed across different continents, countries, societies, and ethnic groups worldwide. These traditional medical concepts and healing methods are deeply rooted in the cultural traditions of each specific region or ethnic group, hence the term "traditional medicine." In Africa, there is a belief in the interconnection of health and illness with both supernatural forces and the biological and psychosocial aspects of life. Africans perceive diseases and misfortunes as spiritual occurrences, necessitating a

religious approach to treatment, leading to the acceptance and utilization of traditional medicine.¹³

Scholars define African Traditional Medicine (ATM) differently. David T. Okpako views ATM as indigenous healing forms practiced all over Africa.¹⁴ This definition understands “Indigenous knowledge” as unique, traditional, and local knowledge existing within and developed around specific conditions.¹⁵ He acknowledges that healers use a wide variety of plants and herbs to treat various ailments and diseases. Okpako’s understanding of ATM as indigenous healing underscores the importance of cultural identity and historical context for the understanding of health practices. Indigenous healing is intertwined with the community’s cosmology, where illness may be perceived not merely as a biological malfunction but as a disruption in the harmony between the individual, the community, and the spiritual realm. With this understanding, it is crucial to know that the practice of ATM varies significantly across different regions of Africa. Several factors such as local beliefs, colonial histories, and globalization influence that choice and the use of ATM. For example, in Southern Africa, the role of the Sangoma (traditional healer) is prominent. Sangoma healing practices involve ancestral communication and rituals that restore balance and health. In contrast, East African

¹³ John Mbiti, *Introduction to African Religion* (London: Heinemann Educational Books, 1995). 65

¹⁴ David T. Okpako, “Traditional African Medicine: Theory and Pharmacology Explored,” *Trends in Pharmacological Sciences* 20, no. 12 (1999): 482.

¹⁵ Annika C. Dahlberg and Sophie B. Trygger, “Indigenous Medicine and Primary Health Care: The Importance of Lay Knowledge and Use of Medicinal Plants in Rural South Africa,” *Human Ecology* 37 (2009): 80.

traditions may emphasize the use of specific rituals and herbal concoctions tailored to the community's unique challenges.

The World Health Organization (WHO) defines African Traditional Medicine as the total of knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, which are used to maintain health, as well as to prevent, diagnose, improve or treat physical and mental illnesses.¹⁶ This definition is in agreement with Kwasi Konadu's perspective, which defines African Traditional Medicine as the accumulated knowledge concerning how individuals interact with the world around them in terms as illness and healing.¹⁷ In line with Akpako's understanding of ATM as an indigenous form of healing, WHO understands that different ethnic groups across Africa have unique medicinal practices., WHO asserts that ATM is not a monolithic entity. It represents a vast repository of knowledge that accumulated over generations. This is the knowledge that is passed-down through oral traditions, rituals, and community practices. Herbal remedies, spiritual healing practices, and the use of traditional healers are all integral parts of this knowledge base.

Adu-Gyamfi and others describe African Traditional Medicine as “diverse health practices, approaches, knowledge and beliefs incorporating plants, animal, and or mineral

¹⁶ Ossy M.J. Kasilo and Jean-Baptiste Nikiema, “World Health Organization Perspective for Traditional African Medicine,” *Novel Plant Bioresources: Applications in Food, Medicine and Cosmetics*, 2014: 40-42.

¹⁷ Kwasi B. Konadu, *Indigenous Medicine and Knowledge in African Society* (Abingdon: Routledge, 2007)., 4.

based medicines, spiritual therapies, manual techniques, and exercises applied singularly or in combination with other things to treat, diagnose and prevent diseases.”¹⁸ There is a unique perspective of Adu-Gyamfi’s definition that intertwines physical health with elements beyond the natural world. In many African cultures, people do not view health solely through a medical lens. Instead, it is commonly held that unseen or intangible forces, including spiritual beings, ancestral spirits, or various supernatural influences, affect a person’s overall well-being. This belief system suggests that health issues may arise not only from physical ailments but also from imbalances in the spiritual or metaphysical aspects of life. Example: If someone falls ill, people might interpret it as a sign that there is a spiritual disturbance or that they have offended a spirit. This perspective encourages a holistic approach to healing that includes both medical treatment and spiritual practices, such as rituals or consultations with traditional healers.

The definitions provide a nuanced exploration of African Traditional Medicine (ATM) through different academic perspectives. These definitions highlight the main identity of ATM in the cultural and historical contexts, the diversity of practices, the holistic approach, and empirical and spiritual knowledge. While Okpako highlights the importance of indigenous knowledge, his definition is somewhat limited by its focus solely on indigenous healing forms, potentially overlooking the evolving nature of ATM in a globalized world. The WHO's definition provides a broader scope, encompassing a wider range of practices and beliefs, but critics might argue that it's so broad it risks

¹⁸ Samuel Adu-Gyamfi and Eugenia Anderson, “Indigenous Medicine and Traditional Healing in Africa: A Systematic Synthesis of the Literature,” *Philosophy, Social and Human Disciplines* 1 (2019): 69.

losing specificity. Adu-Gyamfi's emphasis on the interconnection between physical and spiritual well-being is particularly relevant to understanding how BACOMA believers might perceive ATM, especially if they hold similar views on the spiritual dimensions of health. For instance, if a BACOMA believer perceives illness as caused by spiritual imbalance, they may be more inclined to seek the help of a traditional healer alongside or instead of modern biomedicine.

However, it is vital to acknowledge potential ethical concerns regarding ATM, such as the potential exploitation of vulnerable individuals by dishonest practitioners or the unsustainable harvesting of medicinal plants. Therefore, it is crucial to explore how BACOMA's beliefs address these concerns.

Building upon this foundational understanding of ATM, the next section will delve into the specific beliefs and practices associated with ATM systems and then examine the theological perspectives that inform the attitudes of BACOMA believers towards these practices, laying the groundwork for understanding their position on the topic. Therefore, I understand African Traditional Medicine (ATM) as a diversified, holistic approach to health, incorporating both natural elements and spiritual practices. It is not a one-size-fits-all system but rather is firmly rooted in the cultural identity, cosmology, and historical experiences of African people. The literature review from scholarly work on African Traditional Medicine indicated several themes including; Cultural Significance, Holistic Approach & possibility of Collaboration, and Acceptance challenges.

2.2 Cultural Significance

Africa faces challenges in providing equitable access to healthcare, with only about half of the population having access to conventional healthcare.¹⁹ Traditional medicine continues to be widely embraced by Africans, with approximately 80% of the population relying on these practices for their healthcare.²⁰ The World Health Organization claims those traditional healers have contributed to a broad spectrum of healthcare needs that include disease prevention, management, and treatment of non-communicable diseases as well as mental and gerontological health problems.²¹ African Traditional Medicine is rooted in African culture. It is significant, remains a cultural foundation for healing practice, and serves as a means of persevering cultural intent and values. ATM provides an avenue through which cultural heritages are preserved and respected. Indeed, it is in line with the socio-cultural and environmental conditions of the people who use it in Africa.²² It reflects the holistic approach to health and well-being in African societies. Africans emphasize the interconnectedness of body, mind, and spirit.

Traditional healers treat both physical and spiritual illnesses in addition to offering medical care. They also act as spiritual advisers, though not in the Christian

¹⁹ Ibid, 70.

²⁰ World Health Organization, *Ending the Neglect to Attain the Sustainable Development Goals: A Rationale for Continued Investment in Tackling Neglected Tropical Diseases 2021–2030* (New York: WHO, 2022), 7.

²¹ World Health Organization, *Guidelines for Registration of Traditional Medicines in the WHO African Region*, (New York: WHO, 2019), 2.

²² Abdullahi, “Trends and Challenges of Traditional Medicine in Africa”: 117.

sense. Africans observe the cultural significance of traditional medicine in various rituals, ceremonies, and practices that celebrate and honor ancestral knowledge and healing traditions.²³ It is through traditional medicine that Africans find a sense of belonging and connection to their cultural heritage. The intersection of modern Medicine and African Traditional Medicine (ATM) presents a fascinating yet complex narrative, especially in a world where people often view health and wellness through a singular lens. The scholars trace the historical conflicts that have emerged from these differing perspectives back to early Western missionaries who struggled to grasp the rich tapestry of African worldviews and cultural practices. Understanding this dynamic is crucial for several reasons:

2.2.1 Ubuntu Concept

Ubuntu, often explained as “I am because we are,” underlines the importance of community in individual well-being. The concept emphasizes the profound connection between an individual's health and the overall health of their community. Within this framework, Alternative Traditional Medicine (ATM) transcends being a mere assortment of herbal treatments or therapeutic practices; it represents a comprehensive approach to healing that integrates physical, emotional, and spiritual dimensions of well-being. By prioritizing communal relationships and shared experiences, Ubuntu naturally fosters an environment where traditional healing practices can thrive. It is a fact that African

²³ Eric Lindland, *Crossroads of Culture: Christianity, Ancestral Spiritualism, and the Search for Wellness in Northern Malawi* (Mzuzu: Mzuni Press, 2020), 583.

Traditional Medicine (ATM) is deeply rooted in the Ubuntu philosophy,²⁴ emphasizing holistic healing and community interconnectedness.²⁵ My own experiences with ATM have underscored the significance of this communal approach. I remember a time when a family member fell seriously ill. While conventional medicine played a role in the recovery, the collective effort of our extended family, including visits from traditional healers that truly fostered healing played a great role. In this case, it was not only the medicines that made a difference, but the communal prayers, the shared meals, and the emotional support that uplifted us all. Ubuntu teaches us that healing is not merely about physical health; it encompasses emotional and spiritual dimensions that traditional practices uniquely address.

Moreover, the concept of Ubuntu emphasizes respect for nature and its resources. ATM often relies on locally sourced plants and natural remedies that people have been utilizing for centuries. This relationship with nature encourages sustainable practices and a deep appreciation for the environment. In an age where modern medicine can sometimes prioritize profit over people, Ubuntu reminds us to honor our natural resources and use them wisely for the benefit of our communities.

²⁴ For a Malawian version of Ubuntu see: Augustine Musopole, *uMunthu Theology: An Introduction* (Mzuzu: Mzuni Press, 2022).

²⁵ Erasmus D. Prinsloo, "A Comparison between Medicine from an African (Ubuntu) and Western Philosophy," *Curationis* 24, no. 1 (2001): 60.

2.2.1.2 Pre-colonial Practices

Traditional healers, known as sing'anga (in Chichewa), passed down through generations the practice of African Traditional Medicine with each healer adding their unique touch and knowledge to the ancient practices. The sing'anga would often use a combination of herbs, rituals, and prayers to ancestors to treat various illnesses and ailments. They believed in the interconnectedness of a person's physical, spiritual, and emotional aspects, and their treatments aimed to restore balance and harmony to all these areas. The community trusted the healers to cure bodily illnesses and to provide guidance and support in times of trouble. However, the colonial influence brought changes to the African Traditional Medicine practices in Malawi. ATM was a dominant medical system in the past available to millions of people in Africa in both rural and urban communities because it was the only source of medical care for a greater proportion of the population.²⁶ The missionaries introduced Western medicine and healthcare systems, leading to a decline in the use of traditional healing methods especially in the areas where Christianity is at an advanced level.

2.2.1.3 Impact of Colonialism

Colonialism introduced a paradigm shift in healthcare, characterized by the introduction of Western medical practices. Colonial authorities often categorized African Traditional Medicine as "primitive" or "superstitious," which not only diminished the credibility of these practices but also led to a decline in their acceptance among the populace. This marginalization was a direct result of colonial policies that favored

²⁶ Abdullahi, "Trends and Challenges of Traditional Medicine in Africa:" 368.

Western medicine, thereby reshaping the healthcare landscape in Malawi, with a strong promotion of the biomedical treatments which are science based evidence-based and have standardized practices. We can understand this shift through the lens of health paradigms, which refer to the frameworks through which Malawians understood and practiced health and healing. The dominance of Western medicine created an environment where many Malawians viewed traditional healing methods with skepticism, leading to a decline in their utilization.

In response, the World Health Organization (WHO) recognized the importance of African Traditional Medicine and advocated for its promotion and regulation by the governments.²⁷ This approach aims to provide individuals with choices regarding their healthcare, allowing them to opt for either traditional or modern medical practices based on their preferences and needs.²⁸ However, this concept is not without its complications. The Pharmacy, Medicines, and Poisons Board of Malawi issued a cautionary statement regarding the use of African Traditional Medicine, labeling some practices as potentially harmful due to the absence of standardized dosages and lack of regulation. This highlights a critical tension between the recognition of traditional medicine as a valid health option and the need for safety and efficacy in medical practices.

²⁷ World Health Organization, *Guidelines for Registration of Traditional Medicines in the WHO African Region*, 3.

²⁸ These choices had always been there, but the WHO's aim is the official recognition.

2.2.1.4 Changes since Independence

Following Malawi's independence, there was a gradual resurgence of interest in Traditional African medicine. The government and various non-governmental organizations like World Health Organization began to recognize the value of integrating traditional healing practices with modern medical systems. For example, the World Health Organization's strategy calls for all governments to promote and regulate African Traditional Medicine to provide choices for users to decide whether to use traditional or modern medicine.²⁹ This integration aimed to enhance healthcare accessibility and acknowledge the cultural significance of Traditional African medicine. Several institutions made efforts to regulate and standardize the practice to ensure safety and efficacy, reflecting a broader acceptance of African Traditional Medicine within the healthcare system of Malawi.

2.2.2 Personal Factors

Research indicates that individual beliefs, spirituality, and lifestyle choices significantly influence the acceptance and use of traditional medicine. Cultural norms, personal philosophies, and perceptions of illness causation play major roles in shaping the use of unconventional therapies.³⁰ Sociocultural factors, such as normative responses and attitudes, as well as traditional understanding of illness causation, are strong

²⁹ World Health Organization, *The Global Health Sector Strategy on HIV* (New York: WHO, 2014),. 34.

³⁰ Razak Mohammed Gyasi et al, "Public Perceptions of the Role of Traditional Medicine in the Health Care Delivery System in Ghana," 2011. doi:10.5539/gjhs.v3n2p40: 41.

predictors of traditional medical practices.³¹ These findings suggest that health-seeking behavior is deeply rooted in complex sociocultural orientations and belief paradigms. As such, policies aimed at improving health services should consider the traditional structures and cultural beliefs of the population to effectively integrate interventions into the healthcare system. Gyasi recommended policy options that seek to address some difficulties and challenges encountered by the practices of Traditional Medicine and improving upon quality, safety, and standard of service.³² I concur that individual elements are crucial signs regarding traditional African medicine. The concept of taking into account the conventional frameworks and cultural values in health sectors appears to be a productive approach to enhancing the health sectors of developing nations. Nonetheless, I oppose the notion that the Ministry of Health ought to factor in traditional structures and cultural beliefs due to the issues arising from traditional beliefs. It is quite difficult to take into account all the various beliefs in health sectors. This issue aligns with Munda's claim that there is insufficient common knowledge between traditional healers and health practitioners. The consideration can take place if traditional healers and health professionals exchange knowledge. Nonetheless, the difficulty arises, as traditional healers do not have evidence backing their treatments.

³¹ Abenezer Yared, "Predictors of Traditional Medical Practices in Illness Behavior in Northwestern Ethiopia: An Integrated Model of Behavioral Prediction Based Logistic Regression Analysis," *Evidence-Based Complementary and Alternative Medicine* 2017, no. 1 (2017): 1.

³² Gyasi et al, "Public Perceptions of the Role of Traditional Medicine," 40

2.2.3 Cultural Factors

In many African societies, a prevalent belief system attributes the causes of diseases to supernatural forces or spiritual transgressions. This perspective is deeply rooted in cultural traditions that include notions such as witchcraft, ancestral displeasure, or other spiritual phenomena. For instance, a common belief might be that an illness arises because of a curse or as punishment for moral transgressions.³³ Because of this cultural understanding, individuals often gravitate toward traditional healers whom they perceive as more attuned to these spiritual dimensions rather than seeking care from biomedical practitioners.³⁴ Traditional healers may employ herbal remedies, rituals, and spiritual guidance, which align more closely with the patients' belief systems and provide them with a sense of agency and understanding of their illness. This preference for traditional healing methods can lead to a significant underutilization of primary healthcare services.

Primary healthcare systems are typically grounded in biomedical models that emphasize scientific explanations and treatments, but Malawians view them with skepticism or mistrust. For example, a patient experiencing a chronic illness might delay seeking treatment from a clinic or hospital, opting instead to consult a traditional healer first, potentially leading to worsened health outcomes due to delayed medical

³³ Joseph DeGabriele, "When Pills don't Work – African Illnesses, Misfortune and Mdulo," *Religion in Malawi*, no. 9 (1999): 9-23.

³⁴ Chukwuneke, F.N., C.T. Ezeonu, B.N. Onyire, and P.O. Ezeonu. "Culture and Biomedical Care in Africa: The Influence of Culture on Biomedical Care in a Traditional African Society, Nigeria, West Africa," *Nigerian Journal of Medicine* 21, no. 3 (2012): 332.

intervention. Some people's approach to herbal remedies exemplifies a blending of traditional practices with Christian beliefs, highlighting the diverse cultural landscape in which these healing methods thrive. Jacob Hill claims that cultural norms and beliefs around traditional medicine are a major facilitator of its use among cancer patients in Malawi.³⁵ Fiedler and Landman claim that it was the patriarchal structure of the church that embedded and promoted traditional healing practices with great cultural influence in Baptist Convention of Malawi churches.³⁶ This is a reason that many churches struggle to handle ATM cases within the church context.

2.2.4 Community Focus

African Traditional Medicine, deeply rooted in cultural heritage, encompasses divination, spiritualism, and herbalism, with herbal remedies forming its cornerstone.³⁷ In Nigeria, herbal medicine represents a fusion of indigenous wisdom and diverse ethnic practices, playing a significant role in healthcare and in the economy.³⁸ Despite challenges in safety and regulation, organizations are making efforts to integrate

³⁵ Jacob Hill et al, "Prevalence of Traditional, Complementary, and Alternative Medicine (TCAM) among Adult Cancer Patients in Malawi." *Cancer Causes & Control* 33, no. 8 (2022): 1047.

³⁶ Rachel NyaGondwe Fiedler and Christina Landman, "The Impact of Traditional Health Practices," *Studia Historiae Ecclesiasticae*, 2024: 4.

³⁷ Josephine Ozioma Ezekwesili-Ofilu and Okaka Antoinette Nwamaka Chinwe, "Herbal Medicines in African Traditional Medicine," *Herbal Medicine* 10 (2019): 210.

³⁸ G.G. Akunna, C.A. Lucyann, and L.C. Saalu, "Rooted in Tradition, Thriving in the Present: The Future and Sustainability of Herbal Medicine in Nigeria's Healthcare Landscape," *Journal of Innovations in Medical Research* 2, no. 11 (2023): 28.

traditional medicine into mainstream healthcare.³⁹ However, some cultural practices related to health in African societies have negative impacts, particularly on women and children.⁴⁰ For instance, the inclination towards traditional birth attendants (TBAs) instead of certified healthcare providers has influenced numerous women. Studies indicate that women often favor traditional birth attendants instead of qualified healthcare providers due to fears stemming from cultural beliefs and the historical context of the community. Research indicates that people in Malawi view traditional attendants as more familiar and reliable than hospital personnel, as people trust that herbal remedies facilitate fast and safe childbirth.⁴¹ Although TBAs frequently have a crucial role in offering care to pregnant women, their absence of formal education can result in serious complications during delivery.

A study carried out in the southern part of Malawi revealed the concerning levels of maternal and infant mortality linked to home births facilitated by traditional birth attendants (TBAs).⁴² In situations where issues occur like bleeding or obstructed labor, prompt medical treatment is essential. Regrettably, numerous women choose to give birth

³⁹ Ibid, 29.

⁴⁰ Takim Ojua, David Ishor, and Pefun Ndom, “African Cultural Practices and Health Implications for Nigeria Rural Development,” *International Review of Management and Business Research* 2, no. 1 (2013): 176.

⁴¹ Chimwemwe Kalalo in her detailed study of 51 women in the Malosa area found that 90% preferred delivery at a hospital as safer, though most felt that the treatment in hospital is often rough and sometimes rude (Chimwemwe Kalalo, *Women's Sexual and Reproductive Health, HIV/AIDS and the Anglican Church in Southern Malawi* (Mzuzu: Mzuni Press, 2020), 22-23.

⁴² Evelyn Sakeah et al, “Can Community Health Officer-Midwives Effectively Integrate Skilled Birth Attendance in the Community-Based Health Planning and Services Program in Rural Ghana?” *Reproductive Health* 11 (2014): 3.

at home because of financial limitations, anxiety about hospitals, or commitment to conventional methods, resulting in serious outcomes. The research indicated that women who had home births were three times more prone to facing life-threatening complications compared to those who gave birth in medical facilities. Children encounter several adverse effects due to specific cultural beliefs. In various communities in Malawi, the focus on traditional healing practices frequently results in the disregard for necessary medical treatment. For instance, I observed a young child enduring a high fever, yet instead of getting medical help; his family depended on traditional herbal treatments. Although I appreciate the expertise of traditional healers, there are instances when contemporary medicine is essential and can save lives. Unfortunately, the boy's situation deteriorated, and the doctor advised for admission to the hospital. The family's strong adherence to traditional practices postponed essential intervention that might have avoided a more severe outcome.

Morris and Msothi claim that Modern people may know the type of a tree but they depend on the traditional doctor to let them know the usage of the tree as medicine. Plant specialists (who acquired knowledge from grandparents when they were alive) and diviners (who acquired knowledge from their ancestors) have more knowledge of the plant world than ordinary villagers do.⁴³ Many herbalists use trees from the forest for their medicines. The Herbalists use two names, *mtengo*, and *mankhwala*, interchangeably in Malawi referring to African Traditional Medicine. The only difference is that *mtengo* comes from tree leaves, bark, and roots while *mankhwala* can come either from trees or

⁴³ Morris and Msonthi, *Chewa Medical Botany: A Study of Herbalism in Southern Malawi*. 30

from animal materials.⁴⁴ Other terms that refer to medicine are *ntera* (Yawo), *Mizu*, and *mitsisi*. Malawians use *zitsamba* for either bad or good purposes. Some use it as protection from witchcraft (*ufiti*). Some are used as lucky charms and still, others are used as a treatment for illness and diseases (Herbal remedies). Those who use *zitsamba* for healing are herbalists. The word herbalist in Greek is *rhizotoma* meaning the “roots gatherer.” Herbalists are traditional doctors and are different from magicians. Herbalists primarily employ a scientific approach to healing, rooted in traditional knowledge while magicians utilize a blend of ritualistic practices and symbolic acts. Herbalists collect herbs, prepare solutions and powders, advise patients on their use, and often diagnose based on physical symptoms and patient history, and utilize various parts of plants (leaves, roots, bark) to create medicinal preparations. Magicians conduct ceremonies that involve chants, incantations, and the use of talismans and they use tools such as bones or shells to receive messages about a patient’s condition.

2.3 Holistic Approach and Collaboration

In a world increasingly focused on specialization and compartmentalization, the holistic approach of African Traditional Herbal Medicine (ATM) offers a refreshing perspective on health and wellness. This ancient practice recognizes that our well-being is not just a matter of physical health; it intertwines with our emotional and spiritual states. In today's rapidly evolving healthcare landscape, the intersection of different medical

⁴⁴ Ibid, 36.

systems offers a wealth of opportunities for improving patient care. While ATM offers many benefits, there is a growing need for stricter regulatory controls in the herbal industry to ensure safety and efficacy. The integration of ATM with Western medicine presents opportunities for intercultural communication and potential advancements in healthcare. Among these, Western Medicine and African Traditional Medicine (ATM) stand out as two rich traditions that, when brought together, can create a powerful synergy. Here are some key points to consider:

2.3.1 Missiological Dialogue

One way of enforcing collaboration is through missiological dialogue. The act of engaging in open conversations allows both systems to share insights and learn from each other's strengths. Gabasiane believes that calls for a "missiological dialogue" between modern Medicine and African Traditional Medicine are justified, as there are areas where they can learn from each other and potentially cooperate.⁴⁵ Gabasiane calls for dialogue between Modern Medicine and ATM, acknowledging the continued use of both systems in sub-Saharan Africa. Ngara advocates cognitive justice, promoting inclusivity and dialogue between Western and indigenous medical knowledge systems.⁴⁶ Mawere et al highlight the conflict between Christianity, particularly Pentecostalism, and ATM, recommending cooperation between biomedicine, traditional practitioners, and Christian

⁴⁵ Olaotse Gabasiane, "Adventist Mission and African Traditional Medicine: Breaking the Silence," *Journal of Adventist Mission Studies* 9, no. 2 (2013): 91

⁴⁶ Rutendo Ngara, "Multiple Voices, Multiple Paths: Towards Dialogue between Western and Indigenous Medical Knowledge Systems," in *Handbook of Research on Theoretical Perspectives on Indigenous Knowledge Systems in Developing Countries* (IGI Global, 2017), 332.

groups.⁴⁷ These authors collectively emphasize the need for understanding, dialogue, and potential cooperation between these different medical and cultural systems, recognizing the value of indigenous knowledge while addressing concerns of syncretism and dual allegiance. I think that for this partnership to succeed, various stakeholders should provide civic education to believers, health personnel, and traditional healers about the possible collaboration between modern medicine and African Traditional Medicine while respecting the Christian faith.

2.3.2 Safety and Efficacy

It is crucial to recognize that while African Traditional Medicine (ATM) therapies can be beneficial, their effectiveness may vary. Jacob Hill believes that consulting with a healthcare professional before use is essential to avoid potential interactions with conventional medications.⁴⁸ Pharmacists and other healthcare workers play a crucial role in identifying and managing these interactions.⁴⁹ While many herbal products pose minor risks, some, like St. John's wort, can cause serious adverse events.⁵⁰ A study in rural North Carolina found that 21.9% of participants using both conventional and herbal

⁴⁷ J. Mawere et al, “‘Piercing the Veil into Beliefs’: Christian Metaphysical Realities vis-à-vis Realities on African Traditional Medicine,” *African Journal of Religion, Philosophy & Culture (AJRPC)* 2, no. 1 (2021):78

⁴⁸ Hill et al, “Prevalence of Traditional, Complementary, and Alternative Medicine (TCAM) among Adult Cancer Patients in Malawi,” 1049

⁴⁹ Mamdouh Saad Alhumaidi et al, “Pharmacists and Herbal Medications: Identifying Potential Interactions with Conventional Drugs,” *Journal of Survey in Fisheries Sciences* 10, no. 5 (2023): 287.

⁵⁰ Angelo A. Izzo, “Interactions between Herbs and Conventional Drugs: Overview of the Clinical Data,” *Medical Principles and Practice* 21, no. 5 (2012): 404.

medications were exposed to potential interactions.⁵¹ Healthcare professionals are responsible for reviewing medications, assessing risks, educating patients, and maintaining accurate documentation.⁵² They must consider factors such as patient characteristics, medication importance, and scientific evidence when evaluating potential interactions.⁵³ Vigilance and effective communication among healthcare teams are essential to ensure patient safety and optimal therapeutic outcomes.⁵⁴ Much research has found that using ATM is safe because they do not have many side effects.

2.3.3 Interagency Collaboration

Research suggests that the collaboration of traditional and conventional medical practitioners can enhance healthcare delivery in Africa. Studies from South Africa, Tanzania, and Cameroon highlight the potential benefits of integrating these systems, despite challenges.⁵⁵ Traditional healers often refer patients to hospitals but rarely receive reciprocal referrals.⁵⁶ Barriers to collaboration include a lack of shared knowledge,

⁵¹ Susan J. Blalock et al, "Factors Associated with Potential Medication-Herb/Natural Product Interactions in a Rural Community," *Alternative Therapies in Health and Medicine* 15, no. 5 (2009): 26.

⁵² Alhumaidi et al, "Pharmacists And Herbal Medications: Identifying Potential Interactions With Conventional Drugs:" 288.

⁵³ Ibid, 291.

⁵⁴ Mamdouh Saidi Alhumaidi et al, "Pharmacists And Herbal Medications: Identifying Potential Interactions With Conventional Drugs:" 291.

⁵⁵ Elvis Mendu and Eleanor Ross, "Biomedical Healthcare and African Traditional Healing in the Management of HIV and AIDS: Complimentary or Competing Cosmologies?" *African Journal of AIDS Research* 18, no. 2 (2019): 1010.

⁵⁶ Ibid, 1011.

concerns about drug interactions, and negative attitudes between practitioners.⁵⁷ However, traditional healers are willing to collaborate and improve their practices.⁵⁸ Factors influencing collaboration include practitioners' professional groups, organizational culture, and efforts to combat groupthink.⁵⁹ To facilitate integration, recommendations include open communication, research into traditional medicine efficacy, and involvement of policymakers in developing collaborative frameworks.⁶⁰ Such collaboration could lead to improved healthcare outcomes and more comprehensive patient care. Masango claims that integrating ATM with conventional treatments such as surgery or medication can enhance recovery rates and minimize side effects.⁶¹ While modern medicine provides scientific evidence and clinical research, African Traditional Medicine has its roots in indigenous knowledge, spiritual beliefs, and cultural practices. The literature comparing African Traditional Medicine and Modern Medicine is based on,

⁵⁷ Sibusiso Xego, Learnmore Kambizi, and Felix Nchu, "Embracing Herbal Medicine through Collaboration among Traditional Healers, Biomedical Health Practitioners and Research Institutes: A Review," *Plant Archives* (09725210) 21, no. 2 (2021):. 2

⁵⁸ Emily Hillenbrand, "Improving Traditional—Conventional Medicine Collaboration: Perspectives from Cameroonian Traditional Practitioners," *Nordic Journal of African Studies* 15, no. 1 (2006). 6.

⁵⁹ Musuto Mutaragara Chirangi, "Afya Jumuishi: Towards Interprofessional Collaboration between Traditional and Modern Medical Practitioners in the Mara Region of Tanzania," *LEAD Programme the National Herbarium of the Netherlands of Leiden University, Faculty Science, Leiden University*, 2013, 43.

⁶⁰ Xego, Kambizi, and Nchu, "Embracing Herbal Medicine through Collaboration among Traditional Healers, Biomedical Health Practitioners and Research Institutes: A Review."; Mendu and Ross, "Biomedical Healthcare and African Traditional Healing in the Management of HIV and AIDS: Complimentary or Competing Cosmologies?" 634

⁶¹ Charles Akwe Masango, "Indigenous Knowledge Codification of African Traditional Medicine: Inhibited by Status Quo Based on Secrecy?" *Information Development* 36, no. 3 (2020): 327.

but not limited to the following factors; Diagnostic Methods, Treatment Approaches, and Integration Possibilities.

2.3.4 Differences in Diagnostic Methods

Traditional African medicine, as defined by the World Health Organization, encompasses knowledge, skills, and practices indigenous to various cultures, used in health maintenance and the treatment of physical and mental illnesses.⁶² The diagnostic techniques employed in traditional and modern medicine represent two distinct yet valuable approaches to healthcare. Traditional medicine emphasizes a holistic understanding of health, relying on observation and natural remedies, while modern medicine prioritizes technological advancements and objective data. Both systems have their strengths and weaknesses, and as the healthcare landscape continues to evolve, integrating the best of both worlds could enhance patient care and outcomes. However, the only challenge is Diagnostic accuracy. Modern diagnostic techniques often provide more precise and quantifiable results due to their reliance on technology and laboratory testing. In contrast, traditional methods can be more subjective, potentially leading to variations in diagnosis among practitioners. I understand this is a crucial aspect to understand and I wish the future research and practice should focus on collaboration between these approaches, recognizing the potential for a more comprehensive and effective healthcare system.

⁶² World Health Organization, “Guidelines for Registration of Traditional Medicines in the WHO African Region.” www.afro.who.int/publications/guidelines-registration-traditional-medicines-african-region#35.

2.3.5 Treatment Approaches

The treatment approaches of traditional healers vary significantly from those of biomedical practitioners. African Traditional Medicine uses non-biomedical diagnoses and therapies that reflect cultural values and mores, while biomedicine remains largely divorced from culture, based instead on science.⁶³ African Traditional Medical treatment includes prescribing oral remedies, making incisions, or using specific rituals that are integral to the healing process. In the African Traditional Medical system, treatment includes but is not limited to surgical procedures, dietary therapy, herbalism, and psychotherapy.⁶⁴ Traditional practices sometimes offer solutions for issues not typically addressed by modern medicine, such as inducing labor contractions through herbal remedies. Some biomedical practitioners acknowledge that traditional healers may be better equipped to handle certain conditions, especially in contexts where modern healthcare facilities are lacking, but skepticism remains with a minority of biomedical practitioners viewing traditional methods as inferior, citing the arbitrary dosing of medications and the unverified efficacy of herbal ingredients. However, the introduction of biomedicine has never replaced traditional indigenous medicine and people still consult traditional healers for several reasons making dual treatment a common occurrence in many communities.⁶⁵ This dual treatment happens mostly to believers who

⁶³ Ashu Michael Agbor and Sudeshni Naidoo, "A Review of the Role of African Traditional Medicine in the Management of Oral Diseases," *African Journal of Traditional, Complementary and Alternative Medicines* 13, no. 2 (2016): 133.

⁶⁴ Ibid, 135.

⁶⁵ Ibid, 136.

try multiple treatments when they feel the prayers have failed in their situation. If followers experience more healing miracles similar to those that occurred during Jesus's time, numerous individuals might abandon African Traditional Medicine, as many seek it out in desperate circumstances. For instance, when the woman explored various methods to heal her illness, she considered giving it one last try by reaching out to Jesus. She touched Jesus and was healed (Luke 8:43-48). Once she was healed, I believe she was completely certain that Jesus was the sole healer.

2.3.6 Integration Possibilities

The integration of traditional and modern medicine has been a topic of considerable debate. A significant percentage of healthcare professionals in Malawi recognize the potential benefits of integrating African Traditional Medicine. At the same time, a larger group would only accept traditional practices if the herbal remedies were processed or refined to meet biomedical standards.⁶⁶ This reflects a broader trend towards seeking a middle ground where traditional practices are not merely absorbed into the biomedical framework but professionals should also respect the traditional healers for their unique contributions to healthcare. There are policies such as the Mental Health Policy 2020 and the National Traditional and Contemporary Medicine support collaboration between traditional healers and biomedical practitioners.⁶⁷ The World

⁶⁶ Umar Faruk Adamu, *Modern and Traditional Medicine: Conflicts and Reconciliation* (Onireke, Ibadan: Safari Books, 2013), 90.

⁶⁷ Stanley Sue, "Mental Health Policy," *The State of Asian Pacific American: Policy Issues to the Year 2020*, 2020: 79

Health Organization advocates the promotion of African Traditional Medicine in African nations as a strategy to enhance medical accessibility in regions where biomedical healthcare is not readily available.⁶⁸ Effective integration would require mutual respect and training programs that allow for an exchange of knowledge, addressing the stigma and barriers that currently exist. Training is crucial for both groups, with suggestions to include African Traditional Medicine in the curriculum for medical students to foster a better understanding of these practices. Over the past few years, certain health organizations have been advocating for the education and training of local midwives to address the shortage of skilled personnel and ultimately decrease the maternal mortality rate.⁶⁹ This is because in Malawi there are more local midwives than there are trained nurses. I believe that integration the local congregations can take place if the Ministry of Health provides training and regulations to all Christians from various denominations as recommended by WHO.

2.4 Healing in African Context

Despite many challenges, Western medical journals have exhibited a prevailing inclination to downplay the proficiency of African healers while highlighting the potential hazards linked to traditional therapies. The Western missionaries who

⁶⁸ World Health Organization, “Guidelines for Registration of Traditional Medicines in the WHO African Region.” 11

⁶⁹ Evelyn Sakeah et al, “Can Community Health Officer-Midwives Effectively Integrate Skilled Birth Attendance in the Community-Based Health Planning and Services Program in Rural Ghana?” *Reproductive Health* 11 (2014): 1.

introduced Christianity to Africa undervalued the African traditional therapies, as they established certain standards for the Christian faith that underestimated the African people's wisdom and spiritual connection with God. In addition to underestimating their knowledge and sense of God, these missionaries also failed to recognize the value of their traditional medicinal knowledge. Molobi asserts that Africans possessed knowledge and a sense of God even before the arrival of Christianity. There are prominent African theologians such as Mbiti,⁷⁰ Bujo,⁷¹ Bediako,⁷² Mugambi,⁷³ Kinoti,⁷⁴ Speckman, and others who describe the African concept of God. These writings give a picture that African theology embraces traditions, cultures, and the Bible itself.⁷⁵ The role of God in the Bible and the role of the ancestors are at the core of African traditional healing.

Many scholars have written about the issue of traditional healing. Andrew Drury explored the role of traditional healers in Africa in Malawi. These findings give a picture that traditional healers are more popular in the communities than professional medical doctors are. The research suggested that traditional healers are so popular because they

⁷⁰ John Mbiti, *Introduction to African Religion*.

⁷¹ Bénédet Bujo, *African Theology in Its Social Context* (Wipf and Stock, 2006).

⁷² Kwame Bediako, *Theology and Identity: The Impact of Culture upon Christian Thought in the Second Century and in Modern Africa* (Oxford: Regnum, 1992).

⁷³ Jesse N. Mugambi, *The African Heritage and Contemporary Christianity* (Nairobi: Longman, 1989).

⁷⁴ Hannah W. Kinoti, *The Bible in African Christianity: Essays in Biblical Theology* (Nairobi: Acton, 1997).

⁷⁵ Victor S. Molobi, "An African Theology of Healing and Its Impact on HIV and AIDS," 2006. 314.

are convenient and affordable.⁷⁶ Richard S. Hess and Carolyn M. Audet claim that there is a great need for Africans to promote traditional healing methods. They suggest that African Traditional Medicine promotes the immune system in the human body.⁷⁷ In agreement with Hess and Audet's assertion, I believe that recognizing and promoting traditional healing does not mean rejecting modern medicine. Instead, a complementary approach could be beneficial. For instance, integrating traditional practices with conventional medical treatments can provide a more comprehensive healthcare solution. This is particularly relevant in rural areas where access to modern healthcare facilities may be limited. Despite that ATM is beneficial to many people, the research by Adamo and Richard Bauckham indicates that some methods that Africans use, are like the methods of healing in the Bible.⁷⁸ The Biblical concept of healing gives a picture that the modern church should embrace some African medicine. Despite research demonstrating that African Traditional Medicines are very useful to the human body, the church leadership is silent on how believers handle African Traditional Medicine. The question that remains in research is whether using African Traditional Medicine is biblically right or Syncretism. This is the reason why the body of literature needs this research to give a

⁷⁶ Dubey et al, "A Multipurpose Tree-Moringa Oleifera," 87.

⁷⁷ Richard S. Hess, "The COVID-19 Virus, Illness, and Biblical Interpretation in its Ancient Context," *Canon & Culture* 14, no. 2 (2020): 51, <https://search.ebscohost.com/login.aspx?direct=true&db=rft&AN>.

⁷⁸ David T. Adamo, "‘I Am the LORD Your Healer’ Exodus 15:26 (אני יהוה רפאך): Healing in the Old Testament and the African (Yoruba) Context," *In Die Skriflig / In Luce Verbi* 55, no. 1 (2021): p1, <https://doi.org/10.4102/ids.v55i1.2689>.

better understanding of the compatibility of the practical position of the church, especially the Baptist Convention of Malawi.

2.4.1 Case Study 1: Traditional Healer

Traditional healers play a great role in various instances to bring healing. For instance, in our village, there was a man named Jacob (Not his real name), whose father had been suffering from mysterious symptoms for months. Jacob's father, Thomas (Not real name), had been plagued by severe headaches and stomach pains that made it impossible for him to sleep and forced him to take time off from his job as a carpenter. Despite numerous visits to hospitals and consultations with doctors, no one could pinpoint the cause of his illness. Thomas and his family felt helpless and they were desperate when the condition did not change despite the pastor and church elders praying. They were in the predicament of searching for an explanation of why God did not answer their prayer. After six months of fruitless attempts to find a cure, Thomas's family decided to turn to a traditional healer in the village for help. Despite the church's disapproval of seeking assistance outside of conventional medicine, Thomas agreed to try it.

For a week, Thomas stayed with the healer, undergoing rituals and treatments. When he returned home, it was clear that something miraculous had taken place. Thomas was no longer in pain, and his energy had returned. He was able to sleep through the night and go back to work without any symptoms at all. The news of Thomas's remarkable recovery spread quickly through the village, sparking conversations and debates among the church members. Some praised the healer for his ability to cure where

modern medicine had failed, while others criticized Thomas for straying from the teachings of the church. However, for Jacob and his family, the most important thing was that his father was healthy and happy once again. They knew that it did not matter where the healing had come from what mattered was that Thomas was able to live his life to the fullest once more. Meanwhile, the leaders of the church, which he served for three months, gave him discipline. Currently, he is still a member of the Baptist Church.

2.4.2 Case Study 2: Herbal Treatment

Another individual encountered an issue with his reproductive organs. Peter (not his real name) noticed a strange swelling in one of his testicles. At first, he dismissed it as a minor discomfort, but as days went by, the pain became unbearable. Worried, Peter decided to seek medical attention at the nearest hospital. The doctors at the hospital examined him thoroughly and diagnosed him with a condition that required surgery to remove the accumulated fluid in his testicles. Fearing the risks associated with surgery, Peter was hesitant at first. It was then that one doctor suggested exploring traditional healing methods. With the support of his parents, Peter decided to seek the help of a local traditional healer. The healer provided him with herbal remedies and instructed him to incorporate them into his meals. Peter followed the healer's instructions diligently, hoping for a miracle. After a week of following the traditional healer's treatment, Peter noticed a significant improvement. The swelling in his testicles had subsided, and the pain had diminished. Overjoyed, Peter thanked the traditional healer and his parents for their faith in Traditional African medicine. With the issue successfully resolved, Peter returned to

his normal routine, grateful for the healing powers of nature and the wisdom of traditional healers. The village rejoiced at his recovery, and Peter's story became a testimony to the power of herbal remedies and the power of belief.

2.5 Practical Challenges

The use of African Traditional Medicine (ATM) faces some acceptance challenges. Some of the major challenges faced by ATM practitioners include:

2.5.1 Denominational Response

Research indicates that some Pentecostal churches and most Zionist groups in Malawi discourage the use of traditional medicine, viewing it as sinful or cursed.⁷⁹ This stance creates conflict between Christianity and African traditional practices, with Pentecostal churches often attacking indigenous cultural practices.⁸⁰ Members of the Zion Church, in particular, may refuse both biomedical and traditional treatments, considering seeking such care a spiritual lapse.⁸¹ These beliefs can lead to complete non-use of formal health services, with some church members stating that nothing could change their stance.⁸² The Zionist churches in Malawi exhibit unique practices, including ritual

⁷⁹ Mawere, J., R.M. Mukonza, A. Hungwe, and S.L. Kugara. “‘Piercing the Veil into Beliefs’: Christians Metaphysical Realities vis-à-vis realities on African Traditional Medicine,” *African Journal of Religion, Philosophy & Culture (AJRPC)* 2, no. 1 (2021) 80

⁸⁰ Ibid, 82

⁸¹ Munthali et al, “Seeking Biomedical and Traditional Treatment is a Spiritual Lapse among Zionists: A Case Study of the Zion Church in Malawi.” 136

⁸² Ibid.

prohibitions and alternative healing methods.⁸³ This religious influence, combined with other factors such as cost, distance, and poor healthcare worker attitudes, contributes to the non-use of formal health services in Malawi.⁸⁴ Many Pentecostal churches in Africa discourage the use of traditional medicine, labeling it as sinful or cursed according to their beliefs.⁸⁵

2.5.1.1 World Council of Churches and Malawi Council of Churches

It is vital to understand how the World Council of Churches (WCC) understands the use of African traditional medicinal remedies. For that it is important to understand the nature of the World Council of Churches. WCC came out of the ecumenical movement and became an independent organization in 1948 to focus on major challenges of different churches globally.⁸⁶ The WCC currently has 349 member churches. Together, they represent well over 550 million people in 120 countries in Asia, the Caribbean, Europe, Latin America, North America, the Middle East, the Pacific, and Africa including Malawi. Within the membership are most of the world's Orthodox churches, scores of Anglican, Lutheran, Methodist, and Reformed churches, as well as many charismatic, independent, united and uniting churches and Baptists including (indirectly) the Baptist

⁸³ Ulf Strohehn, *The Zionist Churches in Malawi: History-Theology-Anthropology* (Mzuni Press, 2016), 255

⁸⁴ Munthali et al, "Seeking Biomedical and Traditional Treatment is a Spiritual Lapse among Zionists: A Case Study of the Zion Church in Malawi." 129

⁸⁵ J. Mawere et al, "'Piercing the Veil into Beliefs': Christians Metaphysical Realities vis-à-vis realities on African Traditional Medicine," *African Journal of Religion, Philosophy & Culture (AJRPC)* 2, no. 1 (2021)

⁸⁶ Konrad Raiser, "Fifty Years World Council of Churches," *Word and World*, 1998, 120-121.

Convention of Malawi.⁸⁷ The WCC has played a significant role in addressing global issues and promoting dialogue among different religious traditions.

In recent years, the WCC has also been involved in discussions around health issues in Africa. WCC recognizes that African Traditional Medicine has been a vital part of African culture for centuries. It encompasses a range of practices and beliefs that Africans passed down to others through generations and involves the use of various natural remedies, rituals, and spiritual practices. Traditional healers, known as Asing'anga or traditional doctors in Malawi, play a central role in providing healthcare and spiritual guidance to their communities. These healers often have a deep understanding of the local environment, plants, and spiritual beliefs that inform their healing practices. Over the years, there have been debates within African societies and the broader global community about the place of African Traditional Medicine in modern healthcare systems. Some have argued that it is important to integrate African Traditional Medicine into mainstream healthcare services as a way to provide more holistic and culturally sensitive care to African populations.⁸⁸ Others have raised concerns about the lack of

⁸⁷ Douglas Pratt, *The Church and Other Faiths: The World Council of Churches, the Vatican, and Interreligious Dialogue*, (Frankfurt et al: Peter Lang, 2010), 27. BACOMA is not a WCC member, but a member of the Malawi Council of Churches, which cooperates with the WCC.

⁸⁸ Simwaka, Peltzer, and Maluwa-Banda, "Indigenous Healing Practices in Malawi"; Hamis L Abdullah, Gift Dube, and Allan Kanyundo, "Investigation on the Use of Traditional Medicine by Mzuzu University Staff Members," 2021, 285

scientific evidence and regulation around Traditional African medicine, leading to potential risks for patients.⁸⁹

The World Council of Churches is silent on Traditional African medicine use, but acknowledges the importance of respecting cultural traditions and promoting dialogue between different healing systems.⁹⁰ However, WCC does not give a clear position for its members to follow. The WCC recognizes that healthcare is a complex issue that is intertwined with culture, religion, and history. In a statement released in 2019, the WCC emphasized the need for mutual respect and understanding between different healing systems in the world.⁹¹ WCC affiliates like the Malawi Council of Churches (MCC) are still quite keen to take a position on Traditional African Medicine use since there are guidelines to follow. Hence, the coming of Christianity did not accept nor reject the traditional practice in Malawi. Harawa emphasizes that the adoption of Christianity has not resulted in the outright rejection of these traditional practices. Instead, she observes a dynamic process of negotiation and adaptation, where individuals selectively incorporate elements of both religious and medical systems into their lives.⁹²

⁸⁹— Paul D. Simmons, *The Southern Baptist Tradition: Religious Beliefs and Health Care Decisions*, Park Ridge: Park Ridge Centre for the Study of Health, Faith and Ethics, 2002; Morris and Msonthi, *Chewa Medical Botany: A Study of Herbalism in Southern Malawi*.:40

⁹⁰ Pratt, *The Church and Other Faiths: The World Council of Churches, the Vatican, and Interreligious Dialogue*. 30

⁹¹ “World Council of Churches Supports Health and Wellness in Africa,” August 27, 2019, <https://www.oikoumene.org/what-we-do/health-and-healing>.

⁹² Chimwemwe Harawa, *Christianity and Traditional Medicine in Northern Malawi* (Mzuzu: Mzuni Press, 2023), 9.

2.5.1.2 Baptist Convention of Malawi

The stance of the Baptist Convention of Malawi (BACOMA) regarding African Traditional Medicine (ATM) plays a crucial role in shaping the decision-making processes of its church members. Research by Rachel Fiedler and Christina Landman found that the Baptist Convention's health responses are always wholistic and influenced by the Baptist distinctive of individual conscience, by patriarchy, by economic factors, and church polity.⁹³ They found that the Baptist's distinctive of members exercising individual conscience decisions and the autonomy of congregations make it impossible for the Convention to have a clear stand on traditional Medicine use.⁹⁴ As a result, faith healing approaches that did not deny the use of either traditional or biomedical treatment affected the Convention's position on traditional medicine.⁹⁵ The unique nature of personal conscience and autonomy within the congregation creates obstacles to making well-informed decisions about ATM. Additionally, there is a widespread lack of understanding among members contributes to confusion, inconsistency, and possible discord, even in light of opposing views that highlight the scientific limitations related to the safety, effectiveness, or quality of traditional medicine. Therefore, my argument is that believers in the Baptist Convention of Malawi should follow the biblical perspective when making decisions about using traditional medicine.

⁹³ Fiedler and Landman, "The Impact of Traditional Health Practices, Revivalism, Patriarchy and Economic Factors on the History of the Baptist Convention's Health Response in Post-Independence Malawi," 2024.: 2-3

⁹⁴ Ibid, 12.

⁹⁵ Ibid.

2.5.2 Social Stigma

Another challenge is a social stigma.⁹⁶ Practitioners of African Traditional Medicine often confront significant social stigma, which serves as a major hindrance to the acceptance and incorporation of their practices into the broader healthcare system. Moral and cultural stigma compromises medication adherence and access to health networks.⁹⁷ The World Health Organization found that professionals and the general public perceive traditional healers as inferior or unscientific.⁹⁸ Misinformation surrounding the efficacy and safety of traditional treatments stimulates stigma to its extreme. This stigma is prevalent not only among the general population but also within the professional medical community, where some professionals perceive traditional healers as inferior or unscientific.⁹⁹ The lack of understanding or misinformation about the efficacy and safety of traditional treatments often reinforces this stigma.

⁹⁶ Abdullahi, “Trends and Challenges of Traditional Medicine in Africa,” 370.

⁹⁷ Tass Holmes, “Shifts in African Traditional Herbal Medicine (THM): Relevance for HIV/AIDS, as Foremost among New Diseases, and Impacts of Stigma and Culture Change: A Review,” 2017 in Africa: Moving the Boundaries: Proceedings of the 39th African Studies Association of Australasia and the Pacific (AFSAAP) Annual Conference, 5-7 December 2016, The University of Western Australia. (June 2017).

⁹⁸ World Health Organization, “Guidelines for Registration of Traditional Medicines in the WHO African Region.” 5.

⁹⁹ Ibid, 6.

2.5.3 Legal Issues

The lack of a comprehensive regulatory framework for African Traditional Medicine leads to public skepticism regarding the quality and safety of its practices.¹⁰⁰ In addition, African Traditional Medicine practitioners face Legal Issues.¹⁰¹ African Traditional Medicine practitioners also encounter legal challenges, primarily due to the absence of a comprehensive regulatory framework. In 2010, the World Health Organization produced a guidelines document to classify systems for traditional medicines and a list of the minimum requirements on quality, safety, and efficacy for their legal registration.¹⁰² Despite the presence of regulatory bodies such as the Pharmacy and Medicines Regulatory Authority, specific guidelines for the registration, production, and marketing of herbal medicinal products are lacking. This regulatory vacuum results in the proliferation of unregistered products, potentially endangering public health due to their uncertain quality and safety.¹⁰³ Moreover, disorganization among herbal medicine manufacturers and distributors hinders the formation and enforcement of standards.

¹⁰⁰ Abdullahi, “Trends and Challenges of Traditional Medicine in Africa,” 374.

¹⁰¹ Abdullahi, “Trends and Challenges of Traditional Medicine in Africa,” 375

¹⁰² World Health Organization, “Guidelines for Registration of Traditional Medicines in the WHO African Region.” 1.

¹⁰³ Ibid, 3.

2.5.4 Medical Skepticism

Medical skepticism poses a significant challenge within Traditional medical systems.¹⁰⁴ Under the influence of Western culture may view the relationship between traditional healers and the modern medical community with doubt and suspicion. Many healthcare professionals and scientists are reluctant to endorse or incorporate traditional healing methods due to concerns regarding their scientific credibility and safety.¹⁰⁵ The lack of formal education in African Traditional Medicine within academic and healthcare institutions further fuels this skepticism, leading to limited opportunities for joint research and validation of traditional practices. Additionally, traditional healers have been viewing themselves as inferior professionals during interactions with the biomedical community.¹⁰⁶ This dynamic can impede effective collaboration and mutual respect, which are crucial for the integration of traditional and modern healthcare approaches.

2.6 Conclusion

African Traditional Medicine is a treasure trove of healing practices that deserve recognition and respect. It comprises natural remedies and holistic approaches but is not without its limitations. There is a need for a rigorous research and scientific validation of

¹⁰⁴ Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford University Press, 1991); Umar Faruk Adamu, *Modern and Traditional Medicine: Conflicts and Reconciliation* (Onireke: Ibadan: Safari Books, 2013). x.

¹⁰⁵ Beth Maina Ahlberg, “Integrated Health Care Systems and Indigenous Medicine: Reflections from the Sub-Sahara African Region,” *Frontiers in Sociology* 2 (2017): 13.

¹⁰⁶ Abdullahi, “Trends and Challenges of Traditional Medicine in Africa.” 376.

the African Traditional Medicine. The effectiveness of ATM in human health is evident, yet it must be substantiated through I firmly believe that embracing a coexistence of ATM and modern medicine offers a path toward a more inclusive and effective healthcare system. By honoring both traditions, we can pave the way for a healthier future that respects our cultural heritage while harnessing the advancements of modern science. The Baptist Convention of Malawi does not hold a stance on whether its members ought to embrace African Tradition. Baptists make personal conscience choices, and the independence of congregations prevents the Convention from taking a definitive position on the use of traditional medicine. Consequently, faith healing methods that accept both traditional and biomedical treatments influenced the Convention's stance on traditional medicine. This ambiguity in the members' positions within BACOMA churches causes confusion, inconsistency, and possible disputes within a congregation. This literature review has assisted me in identifying the gap within the Baptist Convention of Malawi (BACOMA). Although BACOMA lacks an official stance, its members continue to utilize traditional medicine, and church leaders interact with these members differently according to the specific context of their congregation. It is essential to research the practical viewpoint of traditional medicine among members of BACOMA churches.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter outlines the research methodology that the study used to explore the practical position of the Baptist Convention of Malawi (BACOMA) on African Traditional Medicine usage. It starts with an examination of the research perspective, design, site selection, and sampling methods, and afterward it addresses the processes of data collection and analysis.

3.1 Research Perspective

Research within the Humanities is done either from an objective or subjective standpoint. Researchers may adopt an objective lens, positing the existence of external reality to comprehend phenomena in an unbiased manner, or they may embrace a subjective viewpoint, recognizing that human experiences shape the concepts.¹⁰⁷ This study adopts a subjective perspective, informed by the lived experiences of participants engaged with African Traditional Medicine. Therefore, this study seeks to explore individual experiences while underscoring the significance of personal viewpoints and interpretations. The data for this study primarily derive from real-time observations and unstructured or semi-structured interviews. Unstructured interviews are conversational and open-ended, allowing respondents to express their thoughts and experiences freely

¹⁰⁷ Vasiliki Voukelatou et al, “Measuring Objective and Subjective Well-Being: Dimensions and Data Sources,” *International Journal of Data Science and Analytics* 11 (2021): 279.

without being confined to a set of predetermined questions. This approach can yield deep insights and unexpected findings, as participants can elaborate on their perspectives in their own words. On the other hand, semi-structured interviews combine elements of both structured and unstructured formats. They typically involve a set of guiding questions to ensure that key topics are covered while still allowing flexibility for participants to share additional information. This method strikes a balance between consistency across interviews and the opportunity for rich, qualitative data.

This research aligns with an interpretivist framework rather than a positivist perspective. Positivism is grounded in the belief that the social world can be studied with the same scientific rigor as the natural sciences. Khanday, et al. observed that;

“Origins of positivism are rooted in the desire to shift from belief to knowledge, from superstition to science. It was about moving away from accepting things because "that's how it's always been" and toward asking, "What can we really know for sure?"¹⁰⁸

This approach emphasizes objective measurements and observable phenomena, advocating for the use of quantitative methods to derive generalizable laws and causal relationships. Positivist researchers often rely on statistical analyses, experiments, and surveys to collect data that can be quantified.

¹⁰⁸ Khanday, Sumbl Ahmad, Karanam Mahaboob Vali, Md Junaid, and Masood Ahmad. "Understanding Positivism: A Qualitative Exploration of Its Principles and Relevance Today." *European Journal of Applied Sciences*—Vol 12, no. 6 (2024), 553

In contrast, interpretivism posits that the social world is constructed from human experiences and interactions, which cannot be fully understood through quantitative measures alone. Pius observed that;

“Interpretivism developed through a critique of positivism with subjective perspective. Interpretivism is more concerned with in-depth variables and factors related to a context, it considers humans as different from physical phenomena as they create further depth in meanings with the assumption that human beings cannot be explored in a similar way to physical phenomena.”¹⁰⁹

This framework emphasizes the subjective nature of human behavior and the importance of context, meaning, and interpretation. Interpretivist researchers often employ qualitative methods such as interviews, ethnography, and case studies to gather in-depth insights into individuals' perspectives and the complexities of social phenomena. I contend that a comprehensive understanding of specific phenomena necessitates an emphasis on the perspectives, experiences, emotions, and interpretations of individuals involved in the practice of African Traditional Medicine. I decided not to use the positivism perspective in this study because positivism's reliance on observable phenomena excludes much of human experience, including emotions, morality, and spirituality, from meaningful analysis.¹¹⁰ Therefore, the interpretative approach is the best choice.

¹⁰⁹ Husam Helmi Alharahsheh and Abraham Pius, "A Review of Key Paradigms: Positivism vs Interpretivism, *Global Academic Journal of Humanities and Social Sciences* 2, no. 3 (2020): 41.

¹¹⁰ Sumbl Ahmad, Khanday Karanam Mahaboob Vali, Md Junaid, and Masood Ahmad. "Understanding Positivism: A Qualitative Exploration of Its Principles and Relevance Today." *European Journal of Applied Sciences*—Vol 12, no. 6 (2024), 556.

3.1.1 Position as the researcher

The perspective of the researcher is linked intrinsically to their positionality regarding the subject of investigation. This connection is especially significant in research where researchers examine their organizations, groups, or communities.¹¹¹ In the context of this study, I am an insider, being a minister within the Baptist Convention of Malawi. My insider status facilitates a heightened sensitivity, empathy, and comprehension of the practical implications surrounding the use of African Traditional Medicine among BACOMA members, insights that may elude an external observer. Nonetheless, this insider perspective could also introduce biases or skew the research focus towards areas of greater personal significance to the researcher due to political issues from within and outside.¹¹² Nevertheless, I made every effort to maintain objectivity to conduct a fair analysis of the data.

3.2 Research Strategy

The research uses specific strategies that connect to its topic, research statement, question(s), and objectives. The research design gives the strategies of the study. It includes research methodologies, methods, and data collection of the study.

¹¹¹ Margaret Brown, "Participation: The Insider's Perspective," *Archives of Physical Medicine and Rehabilitation* 91, no. 9 (2010): 35.

¹¹² Kim Knott, "Insider/Outsider Perspectives," in *the Routledge Companion to the Study of Religion* (Abingdon: Routledge, 2009), 273.

3.2.1 Research Methodology

This study is Qualitative because it aims to explore the daily life experience of Malawian Christians. Qualitative research is a systematic and subjective approach to highlight and explain daily life experiences and further give them meaning.¹¹³ Creswell defines qualitative research as a means for exploring and understanding the meaning individuals or groups ascribe to a social or human problem. The study took on a qualitative design in the form of a phenomenological approach to ensure that the purpose of the research was addressed effectively. This approach seeks to shed light on meanings that are less perceptible. It seeks to investigate the complexities of our social world. It is inductive and shares similarities in exploring ‘what’ ‘why’ and ‘how’ questions, as opposed to ‘how much’ and ‘how many’ preferred by quantitative studies.¹¹⁴ The study aims to explore the practical position of the Baptist Convention of Malawi on the use of African Traditional Medicine among the Churches in Lilongwe. The qualitative research approach helps in understanding the BACOMA members' behavior regarding the use of the African Traditional Medicine.

¹¹³ Susan K. Grove, Nancy Burns, and Jennifer Gray, *the Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence* (St. Louis: Elsevier Health Sciences, 2012). 25.

¹¹⁴ Isaac Tuffour, “A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach,” *Journal of Healthcare Communications* 2, no. 4 (2017): 52.

The nature of this qualitative study is phenomenological. Phenomenology is a qualitative research design.¹¹⁵ It is unique among all other types of qualitative approaches because it focuses on the commonality of a lived experience within a particular group.¹¹⁶ The fundamental goal of phenomenology is to arrive at a description of the nature of a particular phenomenon.¹¹⁷ Typically, researchers conduct interviews with a group of individuals who have first-hand knowledge of an event, situation, or experience. The interviews attempt to answer two broad questions: (1) What has the person experienced in terms of the phenomenon? (2) What contexts or situations have typically influenced a person's experiences of the phenomenon?¹¹⁸ With roots in philosophy, psychology, and education, phenomenology attempts to extract the purest, untainted data, and in some interpretations of the approach, the researcher uses bracketing to document personal experiences with the subject to help remove him or herself from the process.¹¹⁹ The nature of the study topic and the research questions have influenced me to select this design.

¹¹⁵ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*, third edition. (Los Angeles: SAGE, 2009); Tuffour, "A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach"; Sharan B Merriam, *Qualitative Research and Case Study Applications in Education. Revised and Expanded from "Case Study Research in Education"* (ERIC, 1998).

¹¹⁶ Merriam, *Qualitative Research and Case Study Applications in Education. Revised and Expanded from "Case Study Research in Education."*

¹¹⁷ John W. Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 198.

¹¹⁸ Ibid, 51.

¹¹⁹ Tuffour, Isaac, "A Critical Overview of Interpretative Phenomenological Analysis: A Contemporary Qualitative Research Approach," *Journal of Healthcare Communications* 2, no. 4 (2017)

3.2.2 Data Collection Methods

Collecting qualitative data necessitates the gathering of non-numerical information, such as words, images, and observations, to understand individuals' attitudes, behaviors, beliefs, and motivations in a specific context.¹²⁰ Considering the appropriate strategy is crucial to address subjective questions of the specific phenomenon. These strategies include interviews, observations, conversations, surveys, focus groups, workshops, and secondary data. However, I collected this data through methods of in-depth interviews which contribute to the credibility and accuracy of the results. While a focus group is a good way to collect data, the Phenomenology study prefers in-depth interviews. Bradbury-Jones, et al. noted that;

“Focus groups are congruent with phenomenological research and extend this argument further by proposing that group interviews in phenomenology are actually beneficial because they stimulate discussion and open up new perspectives. Our observation is that some researchers who combine focus groups and phenomenology appear to do so uncritically and we argue that this is unacceptable.”¹²¹

Due to the nature of this phenomenological study, I preferred to use open-ended questions, and semi-structured interview questions to provide a rich and nuanced

¹²⁰ Matthew B. Miles and A. Michael Huberman, *Qualitative Data Analysis: An Expanded Sourcebook* (SAGE, 1994).

¹²¹ C. Bradbury-Jones, S. Sambrook, F. Irvine, The Phenomenological Focus Group: An Oxymoron? *Journal of Advanced Nursing*. 2009 Mar; 65(3):663-71. doi: 10.1111/j.1365-2648.2008.04922.x.

understanding of complex social phenomena. This approach gives a better meaning when the miner metaphor is used. Kvale introduced this metaphor as he said;

“Knowledge is understood as buried metal and the interviewer is a miner who unearths the valuable metal ... The knowledge is waiting in the subject's interior to be uncovered, uncontaminated by the miner. The interviewer digs nuggets of data or meanings out of a subject's pure experiences, unpolluted by any leading questions.¹²²

Semi-structured interviews comprise several scripted questions but allow both interviewers and interviewees the opportunity to diverge and elaborate, so as to find more in-depth reasoning. This study had questions that provided an opportunity to diverge and elaborate personal experiences on the use of African Traditional Medicine. Creswell argues unstandardized interviews must develop, adapt, and generate questions and follow-up probes that are appropriate to the situation and the central purpose of the investigation.¹²³ These Semi-Structured Interviews helped me to generate a glimpse into the oral history of traditional medicine from a Christian community perspective. Unlike structured interviews, which follow a strict set of questions and formats, Semi-Structured interviews allow for greater flexibility in dialogue. This approach enables the interviewer to adapt questions based on the respondent's answers, fostering a more organic conversation. This method is particularly useful in oral history research, where the richness of personal narratives and cultural expressions can be captured more effectively.

¹²² Steinar Kvale, *InterViews: An Introduction to Qualitative Research Interviewing* (Thousand Oaks: Sage, 1996), 3.

¹²³ Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*.

3.3 Research Site

I did this study in Lilongwe district with the capital city of Malawi located in the central region of Malawi. As the capital city, it serves as the administrative and political center of Malawi, playing a crucial role in the governance and operation of the country. The city was a small village founded as a trading station in 1906 on the banks of the Lilongwe river. The formal recognition of Lilongwe as a town in 1947 marked an important milestone in its development, reflecting a shift from a local trading post to an officially acknowledged urban entity. The city plays a vital role in the region's economy, due to its strategic location which facilitates trade and transport. Being a transportation hub implies that it serves as a central point for the movement of goods and people, making it integral to the economic activities of the surrounding area. Lilongwe has been the nation's capital since 1975 when the colonial town of Zomba ceased to be the capital. I selected the Lilongwe district as a sample site because there are many BACOMA congregations.

3.3.1 Sampling and Population

I used non-probability sampling. In non-probability sampling, not all members of the population have a chance of participating in the study.¹²⁴ This is contrary to probability sampling, where each member of the population has a known, non-zero chance of being selected to participate in the study.¹²⁵ Creswell further notes that non-

¹²⁴ Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*.

¹²⁵ Miles and Huberman, *Qualitative Data Analysis: An Expanded Sourcebook*.

probability samples offer the benefit of not requiring a list of possible elements in a full population.¹²⁶ Non-probability sampling is used when the population is not well defined, it is cheaper than probability sampling and often it can be implemented more quickly. The data of this study was not easily accessed hence I used purposive non-probability sampling rather than convenient non-probability sampling. In purposive non-probability sampling, the researcher has something in mind, and participants that suit the purpose of the study are included.¹²⁷ According to Creswell, purposive sampling is a sampling technique that qualitative researchers use to recruit participants who can provide in-depth and detailed information about the phenomenon under investigation.¹²⁸ Through purposive sampling, I identified 20 participants in Lilongwe who belong to BACOMA local congregations: 12 pastors (male) and 8 members (4 females and 4 males),

3.4 Data Analysis

Qualitative data is the data that approximates and characterizes a phenomenon. This data type is non-numerical. Hence, the qualitative data methods include content analysis, narrative analysis, discourse analysis, thematic analysis, and grounded theory analysis.

¹²⁶ Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*.

¹²⁷ Etikan, Ilker, Sulaiman Abubakar Musa, and Rukayya Sunusi Alkassim. "Comparison of Convenience Sampling and Purposive Sampling," *American Journal of Theoretical and Applied Statistics* 5, no. 1 (2016): 1–4

¹²⁸ Creswell, *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*.

However, I used thematic analysis through the inductive rather than deductive technique because themes came out of the data during recording. I coded the data using a description-focused rather than interpretive-focused coding strategy because participants gave me rich information that was direct to my research questions. I recorded the interviews in the Chichewa language and then converted them into English during the transcription. I converted the field notes into a formal write-up. Miles argues that a formal write-up usually will add back some of the missing content because the raw field notes when reviewed stimulate the fieldworker to remember things that happened that are not in the notes.

3.5 Ethical Consideration

Interview-based research offers valuable insights into various aspects of human behavior, attitudes, and experiences. However, with such research comes the responsibility to ensure that ethical standards are upheld to protect participants and maintain the integrity of the study. According to Bryman and Bell, four fundamental ethical principles must be adhered to in survey-based research: ensuring participants' well-being, obtaining informed consent, respecting privacy, and avoiding deception.

The foremost ethical responsibility of the researcher is to avoid causing any physical or psychological harm to participants. This includes ensuring that respondents do not feel uncomfortable, anxious, or burdened throughout their participation in the study. Creating a safe and supportive environment for participants, fosters trust, enhances

their willingness to engage and promotes reliable responses. Researchers must design surveys in such a way that they avoid sensitive or offensive questions that could potentially harm the respondents. As part of my approach, I have taken steps to ensure that participants feel at ease throughout the research process. Making participants comfortable and encouraging enthusiasm for their contributions not only strengthens participant satisfaction but also bolsters the quality of the data collected.

Another cornerstone of ethical research is ensuring that participants' consent is informed and voluntary. Respondents must know the purpose of the study, how the data will be used, and their right to withdraw without facing negative consequences. Consent should always be obtained before participation, as it demonstrates respect for individuals' autonomy and their right to make decisions about their involvement. By providing clear and transparent information about the study upfront, I have ensured that participants were fully aware of the research objectives and their roles. This transparency helps establish an ethical foundation and cultivates an atmosphere of mutual respect and understanding.

Protecting the privacy and confidentiality of participants is critical in ethical research. Researchers have to ensure that personal information is not disclosed to unauthorized parties. Failing to maintain confidentiality can lead to a breach of trust and put participants at risk of unintended consequences. To uphold this principle, I have safeguarded participants' identities by using pseudonyms and ensuring that their personal information remains confidential.¹²⁹ Any identifying information has been omitted in the

¹²⁹ Sue Greener, *Business Research Methods* (London: BookBoon, 2008).

analysis and reporting phases. This aligns with the basic ethical requirement to protect respondents' privacy and to maintain their trust.

Ethical research necessitates honesty and transparency in all interactions with respondents. Deceiving participants or misleading them about the nature or purpose of the study undermines the integrity of the research process.¹³⁰ By avoiding any form of manipulation, researchers uphold the trustworthiness of survey-based research and respect participants' dignity. I have ensured that respondents have been provided with accurate and truthful information about the study. No attempt has been made to deceive or mislead participants, thereby honoring their right to make fully informed decisions about their involvement.

3.6 Conclusion

The research methodology outlined in this chapter emphasizes a qualitative, interpretivist approach to understanding the perspectives of Baptist Convention of Malawi members regarding African Traditional Medicine. By employing various data collection methods, including interviews and focus groups, the study aims to capture the nuanced experiences and insights of participants, thereby contributing to a deeper comprehension of the intersection between the Christian faith and African Traditional Medicine.

¹³⁰ A. Bryman and E. Bell, "Ethical Considerations," *Research Methodology*, 2011: 122.

CHAPTER 4

BIBLICAL FOUNDATION

The discussion surrounding the acceptance of traditional medicine within Christian communities has persisted for centuries. Some argue that traditional medicine is at odds with Christian doctrines, whereas others maintain that it constitutes a legitimate means of attaining healing. Therefore, to better understand the biblical perspective on this issue, it is essential to examine the passages in both the Old and New Testaments that pertain to the use of traditional medicine. Additionally, it is vital to investigate how different cultures utilized traditional medicine during the biblical era.

4.1 Old Testament Perspectives on Healing

In the Old Testament, we see a blend of practical and spiritual healing approaches. For instance, the practices in Leviticus regarding clean and unclean conditions offer a glimpse into ancient understandings of health, hygiene, and the body's relationship with the divine. The emphasis on proper diet, as delineated in the dietary laws, is an early form of health awareness grounded in a theological context. The healing miracles attributed to figures like prophets are emblematic of a worldview where faith and health are intertwined, suggesting a holistic understanding of well-being. This biblical perspective resonates with African Traditional Medicine, which combines herbal remedies, spiritual practices, and communal support to create a comprehensive approach to health. Herbal

remedies in ATM often rely on local flora, with specific plants recognized for their curative properties, similar to the Israelites' use of specific plants mentioned in the healing context of the Old Testament.

ATM encompasses a range of activities, including healing prayers, divination, and rituals aimed at establishing communication with ancestors or spiritual entities. These practices underscore the understanding that health is not solely a physical condition but spiritual and communal wellness. For example, a healer might pray for guidance or the intervention of a higher power (ancestral spirit) while treating a patient, emphasizing the belief that healing transcends the physical realm. Communal support in traditional African medicine can be illustrated through collective rituals, where community members come together to support a sick individual. This might include singing, dancing, and cooking communal meals to aid recovery, reinforcing the idea that health is a communal responsibility. Similarly, the Old Testament emphasizes community in healing narratives, such as the communal lamentations found in Psalms 44, 60, and many more, which acknowledge collective suffering and seek divine relief.

Understanding the relationship between ATM and the Old Testament reveals not only a common thread in healing practices but also broader theological implications. The Pentateuch underscores the importance of rituals and communal adherence to God's laws, suggesting that health is both a personal and a communal endeavor. The prophets, with their vivid imagery and calls to repentance, remind us that spiritual injustice can manifest as physical ailments, indicating a profound connection between morality, spirituality, and

health. It is very crucial to explore the relationship between ATM and the Old Testament historical contexts, the theological implications found in the Pentateuch, and the messages conveyed by the prophets that speak to a broader understanding of healing and faith.

4.1.1 Historical Context

The Old Testament offers a rich historical context for understanding the complex relationship between traditional medicine and religious practices. In ancient Hebrew society, traditional healing methods were not only prevalent but also deeply intertwined with religious beliefs and rituals. This integration is evident in various narratives and practices depicted in the Old Testament, reflecting a complex and multi-faceted approach to healing and well-being. One example of this interconnectedness can be found in the book of Exodus (15:22-26), where Moses successfully treats the bitter waters of Marah using a tree, illustrating the integration of natural remedies and spiritual faith in healing processes. This narrative demonstrates that traditional medicine in the ancient Hebrew context had both physical and spiritual dimensions, with the divine often playing an essential role in healing.

The Old Testament portrays an understanding of health and illness in which physical ailments often had spiritual or supernatural causes. For instance, leprosy, a highly stigmatized skin disease, was not only considered a physical illness but also a divine punishment for sins committed, such as in the case of Miriam in Numbers 12:1-15. This belief highlights the interlinking of religious practices and traditional medicine, as

healing rituals would often include spiritual interventions like prayer, sacrifices, or seeking divine intervention. The use of incantations, charms, and rituals in the Old Testament exemplifies the profound connection between traditional medicine and religious practices. The book of Tobit¹³¹ (Tobit 6-12) narrates a story in which Tobias receives divine guidance from the angel Raphael to heal his father's blindness using the gall of a fish.¹³² This account highlights the intertwining of spiritual guidance, traditional remedies, and religious belief, underlining the complexity of their relationship.

Moreover, the Old Testament displays the importance of community and social support in healing processes, which remains central to both religious and traditional healing practices. This is supported by the New Testament book of James (5:14-16) which endorses the practice of anointing the sick with oil and praying over them, emphasizing the role of both community and faith in healing.

One of the remarkable features of the ancient texts is their reverence for natural remedies. In the Book of Exodus, we see examples of the usage of plants with healing properties. For instance, Exodus 15:26 states, "If you listen carefully to the Lord your God and do what is right in his eyes, if you pay attention to his commands and keep all his decrees, I will not bring on you any of the diseases I brought on the Egyptians, for I am the Lord, who heals you." This verse underlines the belief that divine guidance and

¹³¹ The Book of Tobit is an apocryphal Jewish work from the 3rd or early 2nd century BCE which describes how God tests the faithful, responds to prayers, and protects the covenant community (i.e., the Israelites).

¹³² Robert J. Littman, Tobit: *The Book of Tobit in Codex Sinaiticus* (Leiden: Brill, 2008), xxxi

natural remedies go hand in hand, encapsulating the Israelite view of health as interdependent with both spiritual adherence and nature. Healing in Israelite society was not solely divine intervention; it also included practices that may seem unconventional by contemporary standards. They sometimes employed divination, often associated with traditional healers in their quest for health. A reference found in the Book of 1 Samuel recounts how King Saul sought out a medium at Endor in desperation, indicating that such practices coexisted alongside with worshipping Yahweh. This illustrates a cultural tapestry where, despite the overarching belief in Yahweh's power, there were instances where people sought alternative forms of healing.

Another poignant example is found in the prophetic literature. Jeremiah 30:17 states, “But I will restore you to health and heal your wounds,” which speaks to the hope of national restoration and personal healing. This perspective emphasizes that healing was not only a personal issue but also a communal affair intimately tied to the covenant relationship with God. Moreover, the laws prescribed in Leviticus further reflect God's commitment to holistic wellness. The rituals and guidelines set forth not only addressed cleanliness and dietary regulations but also served to promote a communal understanding of health. These laws encouraged practices that fostered both physical and spiritual well-being among the Israelites, creating a society that cared for its members on multiple levels.

4.1.2 The Pentateuch

The Pentateuch offers a nuanced view of healing, acknowledging both the human and divine roles in the process. Throughout the Old Testament, God is consistently portrayed as the ultimate healer. For example, in Exodus 23:25, it is declared, “Worship the Lord your God, and his blessing will be on your food and water. I will take away sickness from among you.” Similarly, in Deuteronomy 7:15, the text states, “The Lord will keep you free from every disease.” These passages exemplify the promise of divine intervention during times of illness and affliction, reaffirming God’s position as the ultimate source of health and well-being.

The ancient Israelites understood healing through a dual lens that involves spiritual faith and practical medical approaches. Throughout the Pentateuch, the writers illustrate God's capacity for healing. The Pentateuch emphasizes that divine restoration is a fundamental aspect of the covenant between God and Israel. For example, in Exodus 15:26, God declares, "I am the LORD who heals you." Healing is an essential part of human existence and a manifestation of God's work.¹³³ Unfortunately, the relationship between healing, suffering, and divine will is complex because of different interpretations

¹³³ David T. Adamo, “‘I Am the LORD Your Healer’ Exodus 15: 26 (אני יהוה רפאך): Healing in the Old Testament and the African (Yoruba) Context,” *In Die Skriflig* 55, no. 1 (2021): 2.

of the Bible. While some interpret suffering as disobedience or a test of faith,¹³⁴ others caution against oversimplifying this connection.¹³⁵

It is also crucial to understand that the concept of healing within the Pentateuch highlights the complex relationship between sin, punishment, and divine restoration. The narratives within the Pentateuch often illustrate how sin disrupts the harmony between God and His people, leading to consequences that serve both as punishment and as a means of teaching and correction. A relevant example is the account of Miriam's leprosy in Numbers 12. The Bible says,

“When the cloud removed from over the tent, behold, Miriam was leprous, like snow. And Aaron turned toward Miriam, and behold, she was leprous. And Aaron said to Moses, “Oh, my lord, do not punish us because we have done foolishly and have sinned.”¹³⁶

Miriam, the sister of Moses, speaks against her brother due to his Cushite wife, expressing discontent and challenging his leadership. The immediate consequence of her actions is severe. God strikes Miriam with leprosy, a condition that symbolizes both physical ailment and spiritual impurity. After Moses intercedes on Miriam's behalf, pleading with God to heal her, God responds with compassion. God's willingness to restore Miriam after her act of repentance illustrates that while sin has consequences, it

¹³⁴ Keith Warrington, “Healing and Suffering in the Bible,” *International Review of Mission* 95 no. 376-377 (2006).

¹³⁵ Opoku Onyiah, “God's Grace, Healing and Suffering,” *International Review of Mission* 95, no. 376-377 (2006): 119.

¹³⁶ Numbers 12:10-11(NIV).

does not have the final say. Instead, the narrative affirms that divine healing is always available to those who turn back to God, seeking forgiveness and restoration.

The alternative approach to repentance is a system of purification rituals and sacrificial offerings that serve as a means of restoring both individual and communal harmony. These practices are not merely ceremonial; they have deep roots in the social and spiritual fabric of Israelite life. For example, the rituals in the book of Leviticus reflect a profound understanding of the interconnectedness of the community, suggesting that the health and well-being of one individual is the health problem of the entire community. Sacrificial offerings were a means of atonement and reconciliation with God.

The various types of sacrifices such as burnt offerings, sin offerings, and peace offerings could address different aspects of sin and impurity. The individual who sacrifices any of these types of sacrifices acknowledges their shortcomings and seeks to restore their relationship with God, which in turn contributes to the overall spiritual health of the community. The priest was the most important person in the sacrificial ceremony. He had to act as mediator of God and Man. Sylvain Romerowski, noted that

“The priests functioned both as God's and the Israelites' representatives. As God's representatives, they had been wronged by the Israelites' sins, and they received some portions of various offerings. As men's representatives, they would take upon themselves the sins of the Israelites, bringing the offerings and making atonement for them.”¹³⁷

¹³⁷ Sylvain Romerowski. "Old Testament Sacrifices and Reconciliation," *European Journal of Theology* 16, no. 1 (2007): 13.

Moreover, the laws and guidelines presented in Leviticus reflect a holistic view of health that encompasses physical, spiritual, and social dimensions. The Israelites understood that maintaining a state of ritual purity was essential not only for individual well-being but also for the community's ability to thrive. This perspective is evident in the emphasis on communal festivals, such as Passover and Yom Kippur,¹³⁸ which brought the community together to collectively seek forgiveness, celebrate divine favor, and reaffirm their covenant with God.

4.1.3 Traditional Medicine in the Ancient Near East

Ancient Israel, nestled between the powerful civilizations of Egypt and Mesopotamia, was inevitably influenced by the surrounding cultures. This influence extended even to the realm of medicine, where Egyptian and Babylonian traditions left a discernible mark on the practices employed by Israelite healers – individuals who likely combined the roles of priest, wise person, and skilled herbalist.

Egyptian medicine, renowned for its sophistication, provided a wealth of knowledge regarding anatomy, pharmacology, and surgical techniques.¹³⁹ While direct evidence of their medical texts explicitly influencing Israelite practice is scarce, the proximity and constant interaction between the two cultures suggest knowledge transfer.

¹³⁸ Yom Kippur is the Day of Atonement that holds significant religious and cultural importance in Judaism and has influenced both Christianity and Israeli society. In Christian theology, Yom Kippur is seen as prefiguring Christ's sacrifice, rendering traditional atoning sacrifices obsolete.

¹³⁹ John F. Nunn, *Ancient Egyptian Medicine* (Norman: University of Oklahoma Press, 2002), 68.

The Egyptians were meticulous record keepers of their herbal remedies. Probably, some of the plants and preparation methods documented in Egyptian medical papyri found their way, perhaps altered and adapted, into the repertoire of Israelite healers.¹⁴⁰ Babylonian medicine, with its emphasis on divination and understanding the spiritual causes of illness,¹⁴¹ also contributed to the Israelite approach. The Babylonians believed that disease was often the result of divine displeasure or demonic influence.¹⁴² This belief system likely reinforced the existing Israelite emphasis on divine healing and the importance of prayer in the recovery process. Israel's healers would also try to appease the gods and drive out the evil spirits.

The Pentateuch, the first five books of the Hebrew Bible, offers glimpses into the medical landscape of ancient Israel. While it consistently emphasizes reliance on God for healing, it also acknowledges the role of human practitioners. For example, Leviticus 13:1-59 details instructions for priests in diagnosing and treating skin diseases such as leprosy, showcasing a system where trained individuals assessed and managed medical conditions. This passage, and others like it, highlight the pragmatic approach to healthcare that existed alongside the spiritual dimension. The priest would inspect the wound and decide if it is clean or unclean, and if it is unclear how to treat it. The Pentateuch, therefore, serves as a window into the multifaceted medical practices of

¹⁴⁰ Ibid.

¹⁴¹ Saad, Bashar, and Omar Said. *Greco-Arab and Islamic Herbal Medicine: Traditional System, Ethics, Safety, Efficacy, and Regulatory Issues* (Melbourne: John Wiley & Sons, 2011), 430.

¹⁴² Markham J. Geller, *Ancient Babylonian Medicine: Theory and Practice* (Melbourne: John Wiley & Sons, 2010), 131.

ancient Israel. It reveals a system shaped by a complex interplay of factors a belief in divine healing, the influence of neighboring cultures like Egypt and Babylon, and the practical application of herbal remedies and diagnostic procedures by designated healers. This dynamic blend of tradition and innovation offers a valuable historical, spiritual, and cultural perspective on the medical understanding of a society striving to maintain its identity in a world of powerful empires.

Scholars have undertaken extensive research to identify the plant species mentioned in the biblical text. They recognized between 45 and 150 different plants for their potential medicinal qualities.¹⁴³ This range reflects the diversity of flora that was available to ancient people. Amots Dafni and Barbara Boeck suggest that researchers need to be aware that plant names can change over time with some being discarded or forgotten.¹⁴⁴ However, among these plants, five stand out for their explicit mention concerning therapeutic applications: fig, nard, hyssop, balm of Gilead, and mandrake.¹⁴⁵ These herbals had different purposes for good health. For example, people were using ‘balm’ to treat sores, fig as a cure for a boil, and mandrake as a fertility remedy enabling Jacob and Leah to have a fifth son. Mandrake had around 88 different medicinal uses in

¹⁴³ James A. Duke and P.K. Duke, *Medicinal Plants of the Bible*, vol. 233 (Trado-medic Books Owerri, NY, 1983).

¹⁴⁴ Amots Dafni and Barbara Böck, “Medicinal Plants of the Bible—Revisited,” *Journal of Ethnobiology and Ethnomedicine* 15 (2019)

¹⁴⁵ Ibid: 3.

the ancient world; some of which continue to this day.¹⁴⁶ Each of these plants has a rich history of use, not only in biblical times but also in various traditional medicine systems that have persisted through the ages.

The fig, for instance, is often associated with health and vitality, and various cultures use its leaves and fruit for their healing properties.¹⁴⁷ Nard, a fragrant flowering plant, was important for its aromatic oil, which many scholars believe has both physical and spiritual healing benefits.¹⁴⁸ Hyssop is an herb mentioned in purification rituals and is very important for its antiseptic qualities.¹⁴⁹ Balm of Gilead, on the other hand, is derived from the resin of certain trees, and its distinctive root was very important for fertility issues.¹⁵⁰ Balm of Gilead was a gift that the Queen of Sheba gave to King Solomon. In Judea, it has achieved fame due to its aroma and medicinal properties. Moreover, the use of these plants was not only in the biblical context; many people were using them in ancient Egyptian and Mesopotamian medicine. This overlap suggests a shared understanding of herbal treatments among early civilizations, highlighting the interconnectedness of cultural practices in the ancient world.

¹⁴⁶ The mandrake is a Mediterranean plant with blue flowers in the winter and yellow, plum-like fruit in the summer. It has been desired in many cultures because of a belief that it is an aphrodisiac and promotes fertility.

¹⁴⁷ Dafni and Böck, “Medicinal Plants of the Bible—Revisited,” 2019, 5.

¹⁴⁸ Manfred Doepp, “The Holy Oil of Moses, A Potential Healing Agent,” *Biomedical Journal of Scientific & Technical Research* 48, no. 2 (2023): 3954-55.

¹⁴⁹ Dafni and Böck, “Medicinal Plants of the Bible—Revisited,” 2019, 11.

¹⁵⁰ Shimshon Ben-Yehoshua, Carole Borowitz, and Lumír Ondrej Hanuš, “Frankincense, Myrrh, and Balm of Gilead: Ancient Spices of Southern Arabia and Judea,” *Horticultural Reviews* 39, no. 1 (2012): 76.

4.1.4 Prophetic Messages on Healing

The messages of the prophets were very important to the people of Israel. When the prophet spoke, he brought a message from God of either warning, judgment, hope, or restoration. However, there is a significance aspect of restoration that God told the prophets to utilize herbs and plants for healing. In Isaiah 38:21, the author gives a gateway to understanding the relationship between natural remedies and spirituality in ancient Israel. The use of herbal remedies was common in the ancient Near East, where people relied on nature for healing purposes.¹⁵¹ Medical practices often combine spiritual, religious, and empirical approaches to health care. These plants possess unique qualities that could alleviate ailments, both physical and spiritual. The priests, healers, and scribes typically passed down through generations and documented knowledge of these remedies. The integration of herbal medicine within the religious texts not only validates its importance but also elevates it to a sacred practice in many cases. Nevertheless, why could God allow people to use herbals for their healing? It is not easy to come up with answers to this question. However, it is important to analyze the verses in the Bible to understand their meaning.

4.1.4.1 Analysis of Isaiah 38:21

Isaiah 38:21 is a significant passage in the Old Testament that highlights the importance of herbal medicine in the ancient Israelite context. This verse provides valuable insights into the Hebrew perspective on using herbs for healing. Isaiah 38:21 is

¹⁵¹ Duke and Duke, *Medicinal Plants of the Bible*, 1983.

set against the backdrop of King Hezekiah's illness and his subsequent prayer for healing. In response to his prayer, God sends the prophet Isaiah to inform the king that he will recover from his illness. However, Hezekiah requests a sign from God to confirm his recovery. Isaiah responds by saying, "Let them take a lump of figs and apply it to the boil, and he will recover" (Isaiah 38:21, NIV). Scholars have interpreted this verse in various ways, but while some consider it as symbolism for spiritual healing, others claim that it underscores the importance of herbal medicine in the healing process.

In the ancient Israelite context, herbal medicine was an integral part of their healthcare system. The Hebrews believed that God had created plants and herbs for human benefit, and they used plants for medicinal purposes. The use of figs, in particular, was a common practice in ancient Israel. People were using figs for their medicinal properties, and they could use it to treat a variety of ailments, including boils and skin infections. Therefore, the application of figs to Hezekiah's boil was not only a physical remedy but also a spiritual one, as it symbolized God's healing power.

The Hebrew perspective on using herbs for healing is rooted in the biblical concept of creation care. According to Genesis 1:29-30, God created plants and herbs for human benefit. This understanding has a great significance in the Hebrew word "rapha," which means "to heal" or "to restore." The use of herbs for healing was a way of restoring balance and wholeness to the human body, created in God's image. In this sense, herbal medicine was not only a physical remedy but also a spiritual one, as it acknowledged God's sovereignty over creation.

Furthermore, the Hebrew perspective on using herbs for healing emphasizes the importance of faith and trust in God's provision. In Isaiah 38:21, God's response to Hezekiah's prayer is not a miraculous healing, but rather a practical solution that requires faith and obedience. The application of figs to the boil is a tangible expression of trust in God's power to heal. This approach to healing fits well the Hebrew concept of "shalom," which encompasses physical, emotional, and spiritual well-being. In this sense, herbal medicine is not only a means of treating physical ailments but also a way of promoting wholeness and harmony in all aspects of life.

4.1.4.2 The Role of Figs

Figs (*Ficus carica*) hold a significant place in the history of agriculture, ranking among the earliest cultivated fruits in the world. Their cultivation dates back thousands of years, and they were one of the first fruits to be domesticated. This long history is rich across various cultures and civilizations, with references found not only in biblical texts but also in ancient Egyptian, Greek, and Roman writings.¹⁵² Figs were highly valued in these societies, often regarded as symbols of prosperity and fertility, and were frequently included in religious rituals and offerings.

Nutritionally, figs are a powerhouse of health benefits. They are particularly abundant in dietary fiber, which aids in digestion and helps maintain a healthy gut. Additionally, figs are rich in essential vitamins such as vitamin A, vitamin K, and several

¹⁵² Ben-Yehoshua, Borowitz, and Ondrej Hanuš, "Frankincense, Myrrh, and Balm of Gilead: Ancient Spices of Southern Arabia and Judea," 2012.

B vitamins, as well as important minerals like potassium, magnesium, and calcium.¹⁵³ These nutrients contribute to overall health and well-being, making figs a valuable part of a balanced diet. The health advantages of figs extend beyond their nutritional content. They also have anti-inflammatory properties, which can help reduce inflammation in the body and may alleviate symptoms associated with various inflammatory conditions.¹⁵⁴ Furthermore, figs have been noted for their potential to support wound healing, making them a natural remedy for minor injuries and skin irritations.

4.1.4.3 Balm of Gilead

The Bible references the Balm of Gilead as a significant topical remedy in several passages, highlighting its importance in ancient medicinal practices and its symbolic meaning in the context of healing and restoration. In Genesis 37:25, the narrative unfolds, as Joseph's brothers, having conspired against him, sit down to eat a meal. In this moment of pause, they notice a caravan of Ishmaelites approaching from Gilead, a region known for its rich resources. The text specifically mentions that the camels of these traders were loaded with spices, balm, and myrrh, indicating the value and demand for these goods. The balm, in particular, is noted for its healing properties, suggesting that it was a sought-after commodity, not only for its economic value but also for its therapeutic benefits.

The theme of healing continues in the book of Jeremiah, where the prophet Jeremiah, reflecting on the devastation and suffering of his people during a time of great sorrow and

¹⁵³ Alhumaidi et al, "Pharmacists and Herbal Medications: Identifying Potential Interactions With Conventional Drugs."

¹⁵⁴ Dafni and Böck, "Medicinal Plants of the Bible—Revisited," 2019.

loss, poses a poignant question in chapter 8 verse 22, "Is there no more Balm of Gilead anymore? Is there no doctor there?" This rhetorical question underscores a deep sense of despair and longing for healing amidst the affliction. The question **"Is there no physician there?"** indicates that Jeremiah confronts the inadequacy of human healing efforts in addressing the deep-rooted issues faced by his people. The reference to a "physician" implies societal reliance on health professionals, yet it also emphasizes the failure of leadership to provide true healing. Jeremiah's lament calls into question the effectiveness of human remedies when disconnected from divine intervention. Furthermore, in Jeremiah 46:11, the prophet provides a directive: "Go up to Gilead in search of balm." This instruction not only reinforces the idea that Gilead is a place of healing but also suggests an active pursuit of restoration. The call to seek out the balm implies that healing requires effort and intention, urging people to look for solutions to their suffering.

Briefly, various references in the Old Testament collectively suggest a comprehensive perspective on health that encompasses both medicinal flora and divine intervention. The medicinal uses of plants in biblical times reflect the socio-cultural context of ancient Israel. The agrarian society depended heavily on the land's natural resources for their sustenance and well-being. The prominence of herbal remedies in the scriptures indicates a deeply held belief in the natural order of creation, where humans were stewards of the Earth and its resources. The intertwining of religion and medicine exemplifies the holistic view of health within the community, where faith, tradition, and practical knowledge coexist.

4.2 New Testament Perspective on Healing

In the context of the New Testament, the interplay between faith and healing presents a rich tapestry woven from cultural practices, theological insights, and socio-historical realities. This section explores the cultural context of traditional medicine in the New Testament, examines relevant Gospel narratives, considers the Acts of the Apostles, reflects on Pauline theology, analyzes the writings of the Apostles, and concludes with insights from the Book of Revelation while maintaining a central focus on the concept of faith.

4.2.1 Cultural Context of the New Testament

The world of the New Testament, a time of significant cultural and religious ferment, was also a world steeped in diverse healing practices. Understanding these ancient approaches is crucial for interpreting biblical narratives and the early Christian perspective on health and well-being. Healing in the ancient Near East, the cradle of Judaism and the backdrop to the New Testament was deeply intertwined with cultural customs. This region, overlapping with the Mediterranean world, saw a vibrant mix of traditional medicine, ritualistic practices, and personal faith employed to combat illness. While both areas shared reliance on herbal remedies, the ancient Near East, with its long history of sophisticated civilizations, likely influenced the Mediterranean world with its established medical traditions.

Spiritual and ritual healing played a significant role. Practices such as music, chanting, and communal gatherings were believed to address not only physical ailments but also mental and emotional distress.¹⁵⁵ The Jewish people of this era were particularly influenced by this blend. Their deep-rooted faith in God was often interwoven with the use of various healing modalities, including folk medicine passed down through generations. These traditional remedies, mirroring the customs of surrounding ethnic groups, existed alongside a profound belief in divine intervention in matters of health.

As Late Antiquity (roughly 3rd to 6th centuries CE) dawned, the existing healing landscape transformed. Notably, certain pagan healing sites transitioned to Christian use. This could suggest that these sites, known for ritualistic healing were appropriated and reinterpreted within a Christian framework, potentially retaining elements of their earlier practices while becoming centers of Christian worship and prayer.¹⁵⁶ Understanding healing in the ancient Mediterranean requires recognizing its culturally determined nature. The modern Western understanding of medicine, often based on scientific evidence and detached observation, contrasts sharply with the holistic approach prevalent.¹⁵⁷ In the ancient world, definition and treatment of illness were intricately connected to beliefs, social structures, and spiritual interpretations.

¹⁵⁵ Among the Healers: Stories of Spiritual and Ritual Healing around the World,” Westport: Praeger, 2006.

¹⁵⁶ Mikhail Vedeshkin, “From Healing Gods to Holy Doctors: Transformation and Continuity of the Space of Ritual Medicine in Late Antiquity,” *Istoriya* 11, no. 4 (90) (2020).

¹⁵⁷ John Pilch, “Understanding Healing in the Social World of Early Christianity,” *Biblical Theology Bulletin* 22, no. 1 (1992): 26.

This cultural context is critical for interpreting ancient texts and practices related to healing in early Christianity. The diverse approaches, highlighting the interplay of herbal remedies, ritual, and faith, reveal a complex tapestry of Mediterranean healing traditions. Examining the potential incorporation of existing traditional medicine by early Christians, given their Jewish heritage and the prevalent cultural practices, offers valuable insights into their worldview and their approach to health and well-being in a world steeped in both faith and age-old remedies.

4.2.2 Historical Context of the Jewish People

In the first century, across the diverse lands bordering the Mediterranean Sea, particularly in Asia Minor, illness was not simply a matter of physical ailment. It was often perceived as something far deeper: a sign of spiritual imbalance or, more dramatically, a consequence of divine disfavor. To understand this perspective, we must delve into the cultural and religious tapestry of the time, where health and illness were inextricably linked to moral and spiritual well-being. The prevailing worldview saw the physical realm as intimately connected to the spiritual. A person's actions, both good and bad, were believed to have ripple effects, influencing not just their soul but also their physical health. An individual living in harmony with the divine, adhering to moral codes, was considered less susceptible to sickness. Equally, sin, transgression, or a perceived offense against the gods could invite illness as a form of punishment or a warning sign to repent and realign oneself with the divine will.

People were particularly pronouncing it within the Jewish tradition, deeply informed by the Hebrew Scriptures (TANAKH).¹⁵⁸ The TANAKH presents a multifaceted perspective on health, acknowledging both natural and supernatural elements. While recognizing the role of hygiene and natural remedies, the scriptures also emphasized the potential for divine intervention in both causing and curing disease. Leprosy, for example, people often viewed as a divine affliction, requiring ritual purification and priestly intervention alongside any physical treatment. In ancient Judea and the broader Mediterranean region, herbals played a crucial and multifaceted role in the everyday lives of the inhabitants, directly influencing their health care practices. Communities relied heavily on the deep knowledge and expertise of herbalists and healers, who were regarded as integral members of society. These practitioners skillfully utilized the diverse array of plants and herbs that the region offered, employing them to treat a wide range of ailments and to promote overall well-being among their patients.

The significance of herbal medicine in ancient cultures is underscored by the wealth of documented knowledge preserved in various historical texts. Notable figures such as Galen, a prominent Greek physician, and Dioscorides, a renowned pharmacologist and botanist of the first century CE, meticulously recorded their observations and their applications of herbal remedies.¹⁵⁹ Their works contributed to a

¹⁵⁸ TANAKH is an acronym depicting the three main sections of the Hebrew Bible: Torah, Nevi'im, and Khetuvim. Each component plays a crucial role in conveying the history, laws, and philosophies that define Judaism.

¹⁵⁹ John Wilkins, "Galen's Simple Medicines: Problems in Ancient Herbal Medicine." *Critical Approaches to the History of Western Herbal Medicine: from Classical Antiquity to the Early Modern Period* (London: A&C, 2014): 173.

foundation of medical knowledge that influenced generations of practitioners in the Greco-Roman world and beyond. In addition to these influential writings, the Hebrew Scriptures, commonly known as the Old Testament, contain numerous references to herbs and plants. These texts reflect a tradition that is intimately connected to nature, recognizing it as a vital source not only for sustenance but also for healing and restorative practices. The acknowledgment of herbs in such sacred writings illustrates how entwined these natural resources were in the spiritual and physical lives of the people.

This rich heritage and understanding of herbalism did not cease with the Old Testament but continued to resonate in the New Testament writings as well. It is within these texts that the intersection of daily life and spirituality becomes particularly evident, revealing how the use of herbs for healing was not merely a medical practice but also a reflection of divine provision. The intermingling of nature, health, and faith demonstrates how deeply rooted this connection was in the consciousness of ancient societies, shaping their beliefs, traditions, and approaches to wellness throughout the centuries. Thus, the legacy of herbal medicine from ancient Judea persists as a testament to the enduring relationship between humanity and the natural world.

4.2.3 Herbal References in the New Testament

An examination of the New Testament reveals that the significance of herbs is multifaceted, serving not only as agents of healing but also as integral components of various symbolic and ritualistic traditions. This analysis will focus on these three dimensions to provide a comprehensive understanding.

4.2.3.1 The Use of Herbs for Healing

The New Testament presents a rich tapestry of references to various aspects of life in the ancient world, including the profound role that herbs played in healing and medicine. The narratives and teachings found within its pages often emphasize the inherent value of nature, particularly in the context of health and well-being. One of the most striking instances is found in the Gospel of Mark, where the account of Jesus's ministry features numerous miracles of healing. However, Christianity was not a religion of healing, which means that Christ's miracles did not aim to heal people (like Asclepius) but were signs to attest to his divine nature.¹⁶⁰ The primary concept of Jesus' miracles was not to cure people the same way Asclepius did. Ancient people knew Asclepius for his healing ministry. He was the god of medicine and health and after his death, people regarded him as one of the greatest stars.¹⁶¹ Jesus' ministry did not primarily focus on healing people, as miracles were proof that Jesus was divine, showing that he had a special and powerful nature.

However, a focus on healing was popular in the early Christian community after the New Testament era. The early church fathers discuss the critical issue of continued herbal medicine. These early Christian leaders wrote books or letters to explain how plants can heal from a Biblical perspective. Gary B. Ferngren argued that,

¹⁶⁰ Csepregi, I. Book Reviews: Medicine and Health Care in Early Christianity. *Medical History*, 55, 253 – 254 (2011). <https://doi.org/10.1017/S0025727300005810>. 253.\zz.

¹⁶¹ Asclepius (Asklepios). <https://www.theoi.com/Ouranios/Asklepios.html>. Accessed on 21 December 2024.

“Early Christians accepted naturalistic assumptions about disease and cared for the sick using medical knowledge from the Greeks and Romans, leading to the creation of the first hospitals. This helped make the idea of using natural treatments a regular part of Christian beliefs and practices up to this day.”¹⁶²

However, I believe that the medicinal use of herbs aligns with a holistic view of health prevalent in ancient times, which recognized the interconnection between physical, spiritual, and emotional well-being. God provided the breath of life and the flora of the earth as divine gifts to support healing and health.

4.1.3.2 The Use of Fig Trees and Other Plants for Healing

The parables of Jesus often draw upon the rich imagery of agriculture, a theme that resonates deeply within the cultural and social context of His time. The parable of the sower, for instance, scholars interpret as a reflection on ecological balance and covenantal relationships between people, creation, and God. This perspective emphasizes the interconnectedness of all elements in achieving a fruitful yield, resonating with the audience's understanding of land stewardship. As G.W. Fisher noted the parable of the sower highlights the importance of symbiotic interactions between plant communities, promoting land restoration and covenant renewal in Galilee.¹⁶³ The audience could easily understand this parable because Jesus spoke within the well-known context of farming.

¹⁶² G. Ferngren. "Medicine & Health Care in Early Christianity" (2009). <https://doi.org/10.5860/choice.47-1453>.

¹⁶³ G.W. Fisher. "Symbiosis, Partnership, and Restoration in Mark's Parable of the Sower," *Theology Today*, 73 (2017): 378 - 387. <https://doi.org/10.1177/0040573616669560>.

Among the various elements of nature, references to trees and herbs are prevalent, conveying profound spiritual and moral lessons.

Another noteworthy example of herbals is the fig tree, which holds substantial significance in both the Old and New Testaments. The fig tree is not merely a fruit-bearing plant; it embodies a multitude of symbolic meanings, including prosperity, peace, and the divine promise of abundance. In the Biblical narrative, the fig tree is frequently associated with the ideals of a bountiful life and a flourishing community. A notable instance occurs in Mark 11:12-14, where Jesus encounters a fig tree that, despite its lush foliage, bears no fruit. This encounter serves as a poignant metaphor, illustrating the importance of genuine faith and the expectation of spiritual fruitfulness. The cursed fig tree thus symbolizes the broader message of judgment and the call for authentic discipleship, emphasizing that outward appearances are insufficient without corresponding inner vitality. While the fig tree may not fit the definition of an herb in the traditional botanical sense, its role in scripture underscores a vital theme of complex spiritual ideas. Additionally, this motif extends to other plants in the parables of Jesus, including mustard seeds, vines, and grains, each serving to illustrate various aspects of the Kingdom of God and the nature of divine relationships. These natural elements draw listeners into a deeper understanding of faith, encouraging reflection on the moral and ethical dimensions of their lives.

In essence, the significance of the fig tree and other symbolic plants in Jesus' teachings highlights the interplay between nature and spirituality. They invite individuals

to reflect on their own lives concerning these vital symbols, urging them to cultivate not just outward appearances, but a deep and fruitful faith that aligns with the divine promises represented by these agricultural images. This connection between the natural world and spiritual truths reminds believers of their responsibility to embody the virtues that these symbols represent, fostering a sense of harmony between earthly existence and spiritual fulfillment.

4.2.3.3 The Use of Herbs in Rituals

In the preparation of the Last Supper, which holds profound significance in the Christian tradition, herbs engage deeply not only in flavor but also in symbolism. Particularly, the use of bitter herbs during the Passover meal connects the New Testament narrative seamlessly back to the rich tapestry of Jewish traditions that are integral to its context. These bitter herbs, which are traditionally consumed during Passover (Ex 12:8; Num. 9:11; Luke 22:1), serve not merely as food accompaniment but as powerful symbols and reminders of the Israelites' suffering while they were enslaved in Egypt. The consumption of these herbs evokes the harsh experiences of oppression and hardship, enabling participants in the meal to reflect on the gravity and history of their faith (Ex 12:17). Each bitter bite serves as a poignant reminder of the trials faced by the Israelites, thus enhancing the participants' understanding of their spiritual journey and the concept of liberation. This intertwining of suffering and hope reaches a deeper level as it paves the way for a more comprehensive understanding of the themes of redemption and sacrifice, which are central to the Christian faith.

As the narrative progresses toward the events surrounding Christ's crucifixion and resurrection, the use of these herbs during the Last Supper encourages believers to contemplate the profound significance of Jesus' sacrifice. The relationship between the bitter herbs of Passover and the ultimate sacrifice of Christ creates a bridge between past and present, linking the exodus from Egypt with the New Testament promise of salvation. This duality of remembrance and hope invites Christians to engage with the depth of their faith, recognizing how the shadows of old rituals illuminate the new covenant established through Christ. Thus, herbs in this sacred context transcend mere physical nourishment, evolving into potent symbols of suffering, remembrance, and the promise of redemption, ultimately enhancing the spiritual experience of the Last Supper and its lasting impact on Christian theology.

4.2.3.4 The Book of Revelation: The Use of Herbs

The Book of Revelation is one of the most perplexing texts in the New Testament. It compiles vivid imagery, prophetic visions, and profound theological messages concerning the end of days and the establishment of God's ultimate kingdom. However, the mention of herbals and their implications for healing offers a fascinating intersection of physical, spiritual, and divine healing. The noteworthy passage that mentions herbals in Revelation is in Revelation 22:1-2. It states "Then the angel showed me the river of the water of life, bright as crystal, flowing from the throne of God and of the Lamb through the middle of the street of the city; also, on either side of the river, the tree of life with its twelve kinds of fruit, yielding its fruit each month. The leaves of the tree were for the healing of the nations" (ESV). This passage has garnered significant attention in

theological discussions, particularly concerning its implications for the use of herbal medicine in the church.

4.2.3.5 Contextual Analysis of Revelation 22:1-2 Relating to ATM

Revelation 22:1-2 presents a captivating vision of the New Jerusalem, a city brimming with divine promise, life, and revitalization. Centrally, it depicts a river of life, clear and flowing directly from the throne of God, alongside the tree of life. This tree yields its fruit twelve times, provides a monthly harvest, and, significantly, its leaves offer healing to the nations. This passage naturally prompts reflection upon the multifaceted nature of healing, encompassing both the physical and the spiritual. While firmly anchored in Christian eschatology, the imagery resonates with universal themes of health, vitality, and the restorative force of nature. This inherent resonance invites exploration into potential, albeit perhaps tangential, connections with African Traditional Medicine (ATM).

ATM, deeply interwoven with the cultural beliefs and practices across the African continent, draws largely upon the natural world for its remedies. Plants, roots, and herbs form the cornerstone of traditional healing systems, knowledge carefully passed down through generations. Considering this, the “tree of life” in Revelation 22:2, on a metaphorical level, as reflective of the profound connection between nature and healing that is integral to ATM. We will delve into the interpretation of Revelation 22:1-2, exploring both literal and figurative understandings, and then examine its potential resonance with the principles and practices of ATM.

4.2.3.6 Interpretation of Revelation 22:1-2

Interpreting Revelation 22:1-2 requires careful consideration of whether the people should understand the language literally or figuratively. This distinction shapes the understanding of the passage and its potential connections to practices like ATM. The nuances of the language employed in these verses are critical. A literal interpretation focuses on the straightforward meaning of the words and phrases, while a figurative interpretation seeks a deeper, symbolic understanding. The context of the verses, the cultural and historical background of the text, the author's intention, and the intended audience guide this determination.

4.2.3.7 Literal Interpretation

A literal interpretation of Revelation 22:1-2 emphasizes the tangible aspects of the imagery. The river and the tree are portrayed as real, albeit divinely created, components of the New Jerusalem. Proponents of this view suggest that these images provide a powerful symbol of God's transformative and healing presence within the eternal kingdom. The vivid descriptions convey deeper spiritual truths, representing the life-giving sustenance that flows from the divine source. The river, often associated with the abundance of God's love and grace, signifies a continuous flow of restorative power that nourishes all who partake in its waters. The tree, with its abundant foliage, stands as a testament to God's promise of renewal and growth, offering shelter and sustenance.

This perspective extended to reinforce the validity of utilizing natural and herbal remedies in contemporary health practices. It draws a parallel between the sacred

imagery of "leaves for the healing of the nations" and the modern herbal medicines that many cultures have utilized for generations. This comparison elevates the significance of natural remedies, suggesting that they, too, derive from a divine source and are imbued with healing properties. Just as the healing leaves provided in the scriptural narrative symbolize the holistic care God offers, contemporary herbal remedies are also part of God's creation that aid in restoring health and balance. This connection encourages appreciation for the beauty and efficacy of nature, viewing it as an extension of God's care for humanity. From a literalist perspective, the healing offered by the leaves of the Tree of Life vindicates the use of natural substances for medicinal purposes. It implies a divine sanction for the utilization of plants and other natural resources for the restoration and maintenance of health. This view aligns with the core principles of ATM, which rely heavily on the healing powers of plants and natural substances.

4.2.3.8 Figurative Interpretation

A figurative interpretation, conversely, emphasizes the symbolic nature of the imagery in Revelation 22:1-2. In this understanding, the water of life and the tree of life symbolize deeper spiritual truths. The river represents the pure and unending grace of God, while the tree symbolizes the fullness of eternal life and the presence of God. The leaves "for healing" represent the peace, restoration, and wholeness found in a faithful relationship with God and the community of believers. This perspective shifts the focus from physical healing to spiritual restoration and reconciliation. This interpretation cautions against solely relying on herbal remedies, suggesting that spiritual healing and community are more important than physical remedies. The healing of the nations

foreshadows the establishment of a new heaven and a new earth where suffering, pain, and injustice will be no more, and a sense of wholeness will be restored. The emphasis is on redemption and the transformation of the human spirit, rather than simply addressing physical ailments.

In Revelation, the promise of healing is inextricably linked to the complete redemption of creation. The healing herbal remedies reflect the promise of restoration for all of creation, inviting believers to hold onto their faith amid trials, knowing that ultimate healing is attainable through their relationship with God. The imagery is less about specific herbal applications and more about the overarching promise of a world restored to its original state of harmony and health.

4.2.3.9 Resonance with African Traditional Medicine

Regardless of whether one leans towards a literal or figurative interpretation of Revelation 22:1-2, the passage's imagery undeniably resonates with central tenets of African Traditional Medicine. While a direct, causal link is unlikely and potentially misleading, the shared emphasis on nature, healing, and wholeness offers a compelling point of comparison. ATM, unlike many forms of modern medicine, generally takes a holistic approach to health. It views illness not simply as a physical dysfunction, but as a disruption of harmony between the individual, their community, and the spiritual world. Healing, therefore, involves addressing the spiritual, emotional, and social dimensions of illness, alongside the physical symptoms. Several aspects of Revelation 22:1-2 find resonance with ATM principles:

First is the Connection to Nature. The core of ATM relies on the natural world, with plants, roots, and herbs acting as primary sources for remedies. The tree of life, abundant with fruit and leaves with healing properties, reinforces the idea that nature is inherently healing and holds the potential to restore health.

Second is the Holistic Healing. Both Revelation 22:1-2 and ATM acknowledge the importance of holistic healing. While the passage focuses on spiritual restoration, the imagery of the tree and river suggests a broader concept of well-being that encompasses both the physical and spiritual. ATM, similarly, addresses the complex interplay between physical, spiritual, and social aspects of health.

Third is the Community and Healing. In both the New Jerusalem and ATM, the community plays a role in healing. Revelation 22:1-2 suggests healing for “the nations,” denoting an inclusive restoration that extends to all people. ATM emphasizes the importance of social support and community involvement in the healing process.

However, it is crucial to acknowledge the differences. ATM is deeply rooted in specific cultural contexts, spiritual beliefs, and practical knowledge accumulated over generations. It often involves rituals, divination, and interaction with ancestral spirits, elements that are absent from the text of Revelation. Furthermore, Revelation's vision of the New Jerusalem describes a future reality, a divinely ordained restoration, while ATM is a system of healing practiced within the present world, responding to the immediate needs of individuals and communities.

In conclusion, while the imagery of Revelation 22:1-2 might not directly inform or validate the practices of African Traditional Medicine; it offers a compelling point of metaphorical connection. Both share an appreciation for the healing power of nature, a focus on holistic well-being, and an understanding of healing as a process that involves both the individual and the community. Examining this passage through the lens of ATM helps illuminate the universal desire for healing, the enduring connection between humanity and nature, and the profound hope for a future where health and wholeness prevail. The "tree of life" in Revelation 22:2 provides a powerful symbol that echoes the inherent connection between healing and nature in numerous healing traditions around the globe, including ATM.

4.2.4 Theological Significance of Herbs in the New Testament

The plants mentioned in the New Testament are not just a casual note. They are deeply connected to important ideas about God, nature, and people. Therefore, examining the use of herbs for healing and their integration into spiritual practices uncovers a deeper understanding of how nature is perceived as a channel through which God's grace and mercy flow. The use of herbs in worship and sacramental rituals is a practice deeply rooted in various cultural and religious traditions. Herbs are often seen as carriers of spiritual power and are used in rituals to invoke divine presence, offer healing, and connect with the supernatural.

In African contexts, herbs are often associated with local divinities and are dispensed by shrine priests and diviners to address ailments believed to be caused by

supernatural agents. Asamoah-Gyadu noted, “Herbal medicines in African religions have acquired sacramental value, with their therapeutic properties infused with spiritual power for healing, despite initial Christian missionary denunciations.”¹⁶⁴ This practice has persisted from pre-colonial times through the colonial period and into the present day, despite opposition from Christian missionaries who viewed these practices as pagan. Herbs and plants occupy a noteworthy position in the realm of sacramental actions about the Christian faith.

Moreover, the biblical references to herbs often underscore themes of restoration and renewal. In various passages, herbs are associated with the healing of the body, the mind, and the spirit. Many herbs have multiple healing properties, allowing different parts of the plant to be used for various treatments. For example, the roots, bark, leaves, and seeds of a single plant may each serve different medicinal purposes.¹⁶⁵ This encourages Christians to acknowledge the inherent goodness of creation and to understand God's intention to uphold and foster life through the blessings provided by nature. F.O. Esho noted that,

“It has been shown through research that a single leaf may contain more than one healing property in a certain proportion, it has also been proved, that a single herb may also cure more than one or two diseases and this is the result of various healing properties or substances available in the herb.”¹⁶⁶

¹⁶⁴ J. K. Asamoah-Gyadu. "Therapeutic Strategies in African Religions: Health, Herbal Medicines and Indigenous Christian Spirituality." *Studies in World Christianity*, 20 (2014): 74. doi.org/10.3366/SWC.2014.0072.\zz

¹⁶⁵ F.O. Esho. "The Healing Properties of Herbs." (1985). doi.org/10.1007/978-3-663-14132-7_38.

¹⁶⁶ F.O. Esho. "The Healing Properties of Herbs - Abstract

Despite the lack of scientific measures it is very common to believe that one leaf can help with different health problems and one herb can treat several illnesses because they have many healing materials. This is possible because people who believe in God think that He is the most powerful source of healing, meaning any kind of healing, whether physical, emotional, or spiritual, is under God's control or authority (Exodus 15:26).

4.3 Conclusion

The Bible may not explicitly advocate for or against the use of herbal remedies, but it nonetheless offers a wealth of knowledge and wisdom related to herbal medicine. The biblical foundation of this study does not yield a definitive answer to the question of whether the use of ATM is permissible. Instead, it invites us to explore the rich tapestry of scriptural insights and the wisdom of nature. I would encourage church members to seek guidance through prayer, study, and consultation, employing discernment in considering the use of herbal remedies. It is not a matter of embracing traditional medicine at the cost of our faith but rather recognizing that God's creation of plants and herbs may serve as instruments of His healing grace. Ultimately, our call as believers is to live in harmony with the environment and to honor the gifts that God has provided, both spiritual and medicinal. Let us proceed with faith, seeking to understand and integrate the healing wisdom of herbal medicine into our lives with a heart that remains steadfast in Christ.

CHAPTER 5

FINDINGS

This study aims to explore the practical perspectives on the use of African Traditional Medicine among Baptist Convention of Malawi (BACOMA) churches in Lilongwe District. This research centers around three core questions:

First, what is the practical position of the Baptist Convention of Malawi towards the use of Traditional African medicine?

Second, what is the biblical and scientific basis of BACOMA church members' practical position towards the use of Traditional African medicine?

Finally, what is the Practical Effect of African Traditional Medicine on the Christian Faith?

This study employed a phenomenological approach to understand the experiences of BACOMA church members regarding the use of ATM. The in-depth interviews uncover participants' perspectives and beliefs on the use of traditional medicine.

5.1 The Acceptance of African Traditional Medicine

The study shows that the Baptist Convention of Malawi (BACOMA) has various views on African Traditional Medicine (ATM). These views range from complete

rejection to careful acceptance. Participants' responses fall into four clear categories: non-acceptance, semi-acceptance, full acceptance, and skepticism. Figure 1 below shows the categories of participants' responses:

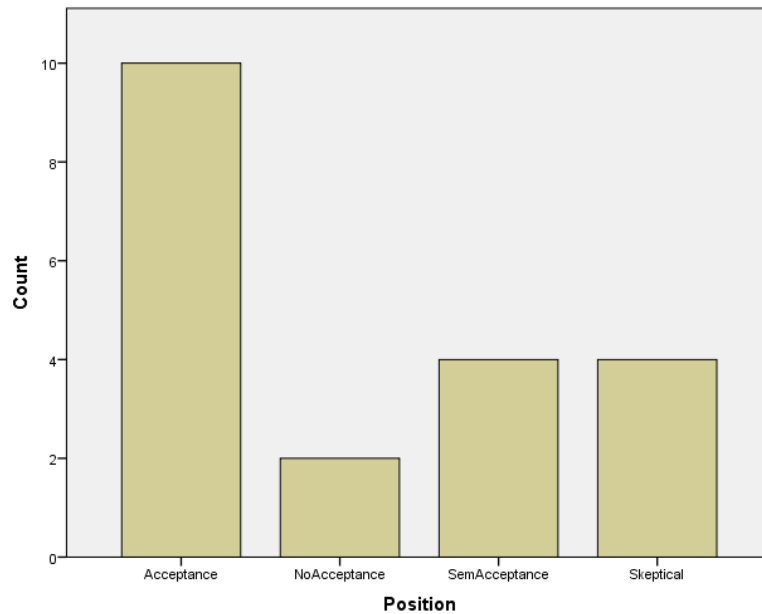


Figure 2: Participants' responses

The data collected from the participants in the Baptist Convention of Malawi churches located in the Lilongwe District reveals a diverse range of perspectives on the use of African Traditional Medicine (ATM). As illustrated in Figure 1, the responses indicate a significant degree of acceptance among the 20 members surveyed. Out of the 20 participants, half (10 participants) expressed clear acceptance of ATM, representing 50% of the sample. This notable majority suggests a recognition of the value and relevance of traditional healing practices within this BACOMA community. Many of these

participants shared personal anecdotes about their experiences with ATM, emphasizing its biblical and cultural significance and its role in complementing conventional medicine.

In contrast, 4 participants (20%) identified themselves as semi-accepting. This group appears to hold a more undecided stance, acknowledging the potential benefits of ATM while simultaneously expressing reservations about its efficacy and safety. Their responses reflected a desire for a balanced approach, often citing the importance of integrating modern medical practices with traditional methods but with caution regarding the latter. Another 4 participants also identified as skeptical, representing another 20% of the participants. This group raised concerns about the lack of regulation and scientific backing for many traditional remedies. Their skepticism was often rooted in personal experiences or stories from community members that highlighted instances where traditional practices did not yield the expected results. This perspective underscores the need for more education and dialogue around the effectiveness and safety of African Traditional Medicine. Lastly, only 2 participants (10%) outrightly rejected the use of ATM. Their firm stance was influenced by their faith in modern medicine, with some expressing strong convictions against practices they felt were incompatible with their beliefs.

5.1.1 Non-acceptance

Among 20 members of BACOMA churches interviewed, only two participants completely rejected the use of African Traditional Medicine (ATM). This opposition is rooted in a strong belief in the importance of divine healing, which they interpret literally

from the Bible. This creates a major barrier to accepting ATM. The reasons for their rejection of ATM are not just personal choices but a fundamental part of their faith. They believe that faith in Jesus is the only true way to healing, a belief supported by the healing stories found in the Gospels. Those supporting this position argue that Jesus showed divine healing power through his miracles, making reliance on traditional medicine a sign of weak faith. One participant said,

“Using traditional medicine is wrong for Christians because the Bible tells us to pray when we are sick. In the book of James, the Bible teaches us that we should ask leaders of the church to lay hands on the sick. So why should a believer use traditional medicine? Let’s trust in the Lord for healing.”

Through this perspective, seeking healing through methods outside of prayer and Christian faith is a sign of doubting God's ability and willingness to heal. This adherence to a faith-based approach forms the bedrock of their opposition.

Despite the note that the Old Testament has instances that people could use Traditional medicine, this theological position is fortified by the interpretation of Acts 17:30, in which the Bible states, “The times of ignorance God overlooked, but now he commands all people everywhere to repent.” The interpretation of this verse is viewed as a symbolic turning point; a shift from practices rooted in "ignorance," which they equate with traditional practices like ATM, to a new era that champions faith and repentance as the primary means to engage with God's power. In this view, the use of ATM becomes associated with a pre-Christian past that should be left behind once a person embraces Christianity.

Furthermore, those who reject ATM often point to the Old Testament as a source of guidance. The use of Traditional Medicine in the Old Testament was divinely ordained. It was through specific instructions from God. One participant elaborated on this point, stating that,

“In the biblical context, people were using traditional medicine that God commanded them to use. In all cases, that we can cite from the Bible, people using traditional medicine, received orders from God himself and in the Old Testament. We should also note that the New Testament encourages us to pray, not to seek other means.”

This highlights the belief that using Traditional medicine was permissible because the Israelites were under the umbrella of a divine mandate and should not be replicated independently which is how they view ATM practices. Another participant claimed that he discovered through Bible reading and meditation that the key element of healing is faith in Christ alone. He said,

“While I was at home sick, I found great comfort in reading the Bible and reflecting on its teachings. I came across many verses that highlight God's healing power. The main thing needed for healing was faith. Jesus often told those He healed, "Your faith has healed you." This made me understand that faith is the key to receiving healing.”

This perspective underscores a fundamental challenge to the acceptance of ATM within BACOMA. The belief is that the Bible does not sanction the use of Traditional Medicine, particularly the New Testament where the emphasis is on prayer and faith. This can create a significant barrier, especially when the origins of ATM practices may not be fully understood or placed clearly within the framework of their specific theological

understanding. The practices and techniques of ATM might be viewed as inherently unbiblical or even as a potential source of spiritual contamination, particularly if the traditional practices involve elements perceived as superstitious or outside of their Biblical understanding.

5.1.2 Semi-acceptance

Another perspective emerges in the form of semi-acceptance. Figure 1 indicates that four out of 20 do not reject the effectiveness of traditional herbs and their healing properties. This partial acceptance is rooted in the comprehension of what defines "traditional healing." Four Participants acknowledge the intrinsic worth of the botanical knowledge that has been transmitted across generations. However, the critical factor that determines their acceptance is the presence or absence of consulting the ancestral spirits within the healing process. The challenge rests with the methods employed by traditional healers, particularly those that are perceived as engaging with the spirit world, rather than the remedies themselves. One participant said, "Using African Traditional Medicine is not wrong for Christians if the traditional healer does not consult the ancestral spirits."

This differentiation is often articulated by contrasting two categories of traditional healers. On one hand, there are healers heavily associated with ancestral spirits. In Lilongwe, these individuals are often characterized by symbolic markers like red flags, snakes, or pots, and are sometimes identified by names that hint at a deeper connection to the spiritual realm. For example, some of these Traditional healers are known by names like "Mfiti idzafanso (Even a witch shall die), "Doctor nyanga zidana" (Charm dislikes

another charm), and many more. The use of such symbols and naming conventions raises concerns amongst some within BACOMA about the potential for syncretism, a blending of Christian beliefs with traditional practices. This is viewed as incompatible with the tenets of their faith, as it is often interpreted as a form of idolatry or a departure from the worship of the one true God.

On the other hand, their perception of herbalists presents a very different picture. These individuals primarily utilize herbs and plants for healing, focusing on the healing properties of nature. They are often known for their extensive knowledge of botany and their understanding of how different plants can alleviate various ailments. They are sometimes referred to by the name of their "hospital," such as Mtengo wa Moyo (Tree of life) or Mtengo wochiza (The healing tree), emphasizing the natural, rather than spiritual, source of their healing practices. One participant said,

“The reference to the Book of Revelation, specifically the mention of plants used for healing, points to a prophetic vision of restoration and wholeness. Revelation 22:2 speaks of the "leaves of the tree for the healing of the nations," indicating that divine creation includes elements intended for healing purposes. This highlights a theological perspective where nature is instilled with the capacity to heal, thus inviting exploration into the medicinal properties of plants.”

The distinction between herbalists and “native doctors” is not merely semantics; it signifies a fundamental difference in the perceived source of healing power. Those practicing herbal medicine, in this view, are seen as utilizing God-given natural resources, and thus their practices can be potentially acceptable within a Christian framework. This viewpoint allows for a certain kind of ATM in the church's structure:

traditional herbalism, without consulting the ancestral spirits. This position highlights that the use of herbs and botanical remedies is potentially acceptable for Christians as long as the traditional healer does not engage in practices of spiritualism.

5.1.3 Full Acceptance

On the other side of the spectrum, the study found those who fully embrace the use of ATM. Among 20 members, 10 advocated a full acceptance position, citing theological arguments that position God as the ultimate source of all healing. However, the early Baptist missionaries from the United States of America condemned the use of Traditional medicine and deemed it as unbiblical. The tension surrounding ATM brought by the early missionaries stems from a mix of theological, cultural, and practical considerations. Historically, the missionary influence often cast a critical eye on traditional practices, including healing methods, leading to the adoption of Western medical models only. This legacy created a lingering sense of suspicion towards ATM, with some adherents associating it with paganism or outdated practices. The lack of rigorously tested scientific evidence for many traditional remedies further fuels this skepticism, making it difficult for some to reconcile faith-based healing with practices they perceive as unproven. Doctor Banda, the owner of Tree of Life Clinic, narrated his story of how he realized that the missionary teachings were wrong about ATM. He said,

“As a child, I inherited a deep understanding of the healing properties of plants from my father, a well-known herbalist in the community. Through his guidance, I gained immense knowledge about the complex world of medicinal plants. Guided by his wisdom, I treated countless individuals, witnessing firsthand the transformative power of nature's remedies. Yet, as I embraced the Christian faith

through the teaching of missionaries, a shadow of doubt crept over my practice. Missionaries taught me to denounce African culture, including traditional medicine, as inherently wrong (sin).”

However, Doctor Banda later pursued studies in Theology and began to examine the Bible with an open mind. This exploration of biblical texts provided him with a new perspective on Traditional Medicine. He continues saying,

“But after some time I delved deeper into the scriptures, and I discerned a different truth. The Bible itself speaks of the medicinal value of plants, recognizing their role in healing and well-being. The problem lay not with traditional medicine itself, but with the distorted perspective of missionaries that condemned it. The early missionaries, influenced by their cultural prejudices, failed to appreciate the wisdom and knowledge embedded within African traditions.”

In agreement with Doctor Banda’s view, these 10 participants claim that the use of African Traditional Medicine operates under the conviction that all creation was divinely ordained, including plants, and that they possess healing potential. They assert that if an individual experiences healing through ATM, regardless of the obvious source, the source is ultimately God. This perspective views any healing as a divine act, underscoring the belief that God can work through both conventional medicine and traditional remedies.

Proponents of full acceptance often cite scriptures that portray God as the ultimate healer. They argue that the method of healing is secondary; the focus should be on recognizing and thanking God for the healing itself. After all, Satan cannot heal. For them, rejecting ATM is not only culturally insensitive but also a limitation of God’s power and methods. They believe God’s wisdom and healing power can manifest in the diverse modalities that have served humanity for generations. This belief is rooted in a

holistic view, where faith does not necessarily exclude traditional practices if these practices bring about positive health outcomes.

The full-acceptance approach perceives no difference between traditional healing medicine and Western hospitals. One participant noted that the methods employed by traditional healers closely resemble those used by professional doctors in Western hospitals. For instance, while professional doctors utilize various instruments to diagnose and determine illnesses, traditional healers rely on charms for the same purpose. The primary distinction lies in the source of their findings: professional medical practitioners obtain results from scientific equipment, whereas traditional healers derive their insights from spiritual entities, often referred to as the living dead in which faith is a great element of healing.

The study has found that preference for African Traditional Medicine over Modern Medicine among members of the Baptist Convention of Malawi (BACOMA) in the Lilongwe District has four primary key factors, including financial constraints, accessibility barriers, cultural and personal preferences, spiritual beliefs and desperate situations.

Table 1: Key Factors of Accepting ATM

		Reason			
		Frequency	Percent	Valid Percent	Cumulative Percent
	Religious Beliefs	4	20.0	40.0	40.0
	Financial Constraints	3	15.0	30.0	70.0
	Desperation in times of distress	2	10.0	20.0	90.0
	The Accessibility Barrier	1	5.0	10.0	100.0
	Total	10	50.0	100.0	
Missing	System	10	50.0		
Total		20	100.0		

In examining the reasons behind the acceptance of ATM use within BACOMA churches in the Lilongwe District, the findings reveal a clear divide in participant perspectives. Table 1 illustrates the four key levels of reasoning that led to 60% of participants (representing 12 individuals) embracing African Traditional Medicine. Out of the 20 individuals surveyed, 10 representing a notable 50%, identified with the acceptance approach.

Delving deeper into this group, I found a variety of motivations influencing their choice. A small yet significant portion, 1 participant (5%), cited accessibility barriers as a primary reason for using ATMs. This highlights a crucial point: the convenience of having cash readily available cannot be underestimated, especially in areas where traditional banking options might be limited. Another 2 participants (10%) mentioned that

their use of ATMs often stemmed from desperation during times of distress. This speaks volumes about the emotional and situational factors at play; when faced with urgent needs, individuals may turn to whatever resources are available, even if it means stepping outside their usual practices.

Financial constraints emerged as a noteworthy concern for 3 participants (15%), who indicated that limited financial resources pushed them towards utilizing ATM. This finding underscores the harsh realities many face when trying to navigate their economic situations, suggesting that the availability of ATM might offer a lifeline in challenging times. However, the most compelling insight comes from the four participants (20%) who highlighted religious beliefs as a significant factor in their acceptance of ATM use. This majority opinion not only reflects the intricate relationship between faith and financial practices but also points to a broader cultural context where traditional beliefs intertwine with modern conveniences.

5.1.3.1 Financial Constraints

Table 1 indicates that three out of 10 BACOMA church members fully accept the use of ATM is not one of preference alone, it is a matter of financial viability. The high costs of consultations, laboratory tests, prescribed medications, and hospital stays at modern healthcare facilities often place them beyond the reach of many. This financial burden forces individuals to seek more affordable alternatives, and ATM frequently fills that void. The research consistently demonstrates that 30% of BACOMA church

members in the Lilongwe district turn to traditional healers because hospital care, even for essential medical needs, is simply unaffordable.

One participant (a pastor) shared a story of his member who got treatment from a traditional healer because the treatment cost was cheaper than the modern treatment. He said,

“The wife of Mr. John (not his real name) fell ill and developed a heart condition. They sought treatment at various hospitals, but none could identify the underlying issue. Eventually, they were directed to the Seventh-Day Adventist Hospital, known for its advanced scanning technology. After the scan, they diagnosed the problem but informed them that they had no available medication for treatment. They suggested that they either import the necessary medicine from India or travel there for care. When they calculated the costs, they realized that the total would exceed 30 Million Malawi Kwacha, an amount they could not afford. While they were still trying to figure out a solution, they heard about a traditional healer who might be able to help. Despite their reservations about visiting a traditional healer, they decided to pursue that option. When they consulted me as their pastor about the issue, I gave permission to proceed. The wife spent a month at the traditional hospital, and by the fifth week, she was discharged, feeling strong and healthy. The entire process cost them 100,000 Kwacha. A month later, they returned to Seventh-Day Adventist Hospital for a check-up, and the doctor was astonished to find her heart in excellent condition.”

The roots of this affordability gap are multifaceted. Malawi, like other developing nations, grapples with a strained healthcare system. Public resources are often insufficient to cater to the needs of the entire population, resulting in long queues, limited availability of certain medications, and occasional shortages of essential supplies. This strain further contributes to the high costs of accessing private medical care, effectively pricing out a large segment of the population. For those in rural areas or in lower socioeconomic brackets, the financial barriers to accessing modern medicine are exceptionally high.

The study findings are clear: 30% of BACOMA church members in the Lilongwe district consider African Traditional Medicine to be significantly more cost-effective than Western medicine. Traditional healers often require payment in kind such as crops, livestock, or handcrafted items, or charge considerably lower fees than their medical counterparts charge. This flexible payment system and the lower overall cost of treatment make ATM not just an alternative, but also a lifeline for countless families who might otherwise be left without any access to healthcare. Furthermore, the very structure of ATM practices tends to be more accessible within a community context. Traditional healers are often established members of the local community, easily reachable, and their services can be obtained without the cumbersome administrative processes sometimes associated with modern healthcare facilities. This ease of access, coupled with the lower cost, solidifies ATM as the default choice for many, especially in moments of urgent health concerns.

5.1.3.2 The Accessibility Barrier

Another significant driver pushing members of BACOMA churches towards ATM is the lack of proximity to modern healthcare facilities. Table 1 indicates 10% of the participants consider that their nearest clinics or hospitals are kilometers away, often requiring hours of travel by foot. This reality is especially prominent in rural areas where healthcare infrastructure is often inadequate or non-existent. The convenience afforded by healers located within the community or a short distance away makes ATM a naturally appealing first point of care. The ability to quickly access a known and trusted

practitioner within their immediate surroundings is a powerful draw, particularly for individuals experiencing severe symptoms or requiring immediate attention.

Even when modern healthcare facilities are within reach, the problems do not end there. The reality on the ground often paints a grim picture of overstretched resources and inadequate service. Public health centers, particularly in areas with large populations, suffer from chronic congestion. Long queues and extended wait times can often deter individuals, forcing them to seek quicker remedies elsewhere. A long wait at a healthcare facility can translate to a day or more of lost wages, which is simply not sustainable for many families. The research found that people spend the whole day in the queue waiting to meet the doctor, but they end up being given painkillers. Therefore, after frustration, when they are sick again, they just prefer visiting the traditional healer that provides proper treatment even for a short time.

Furthermore, drug and medicine shortages are a persistent challenge. Many health centers, struggling with limited budgets and inefficient supply chains, often lack sufficient medication. This means that even if individuals can endure the long queues and are finally seen by a healthcare worker, they may be turned away empty-handed, lacking access to the necessary treatment. This situation erodes trust in the formal healthcare system and reinforces the appeal of ATM where herbs and remedies are readily available and often cost less. The attitude that health workers exhibit towards patients further complicates the situation. Those who feel looked down upon or are not sufficiently educated about their condition may feel more comfortable turning to traditional healers

who are often seen as more approachable and in tune with their culture. The traditional healers are often culturally rooted in the community and can speak the same language and understand the concerns of their patients. This approach can be a stark contrast to some experiences they may have had in formal healthcare settings.

5.1.3.3 Religious Beliefs

Another reason 40% of BACOMA church members continue using ATM is its perceived ability to address the spiritual causes of illness. In many African cultures, diseases, and afflictions are not solely viewed as biological phenomena but are often seen as manifestations of spiritual imbalances or attacks. Modern medicine, with its focus on physical symptoms and treatment, may not adequately address these spiritual concerns. African Traditional Medicine, with its holistic approach to health and wellness, offers a more comprehensive solution for BACOMA church members. One of the participants emphasized that the wife of his member refuses to go to the Modern Hospital; even though she is seriously ill, fearing death since she was told that people wanted to kill her through Modern Medicine. He said,

“The church treasurer complained that his wife was admitted to a certain traditional medicine because she was sick. The man was not happy but the wife went without the knowledge of the husband. We wait until the wife comes. She received bottles of water and red bangles to wear any time. When we talked to her, she admitted that she went for treatment at a well-known traditional healer. Even though her condition was worse than before, she refused to go to the hospital because the traditional healer told her that once she stepped into the hospital she would die. She believed that her enemy wanted to kill her using the hospital.”

The study observed that although 80% (representing 16 participants) of BACOMA

church members in Lilongwe district attend church, they continue to adhere to their cultural beliefs. They maintain that certain ailments are beyond the capabilities of modern medical facilities. Furthermore, they believe that integrating spiritual practices, such as healing rituals and protective amulets, effectively addresses the perceived spiritual origins of illness, offering both emotional and spiritual solace alongside physical recovery.

5.1.3.4 Desperation in times of distress

Another factor is the desperate situation faced by individuals when conventional avenues of healing appear to fail. The findings indicate that many who turn to alternative traditional medicine (ATM) have previously engaged with both contemporary medical practices and spiritual healing. They have sought treatment at clinics, adhered to prescribed medications, and earnestly prayed for divine assistance. Despite these efforts, they continue to endure suffering, leading them to question the adequacy of their faith or the effectiveness of modern medicine. This perceived stagnation fosters an environment conducive to seeking desperate alternatives. One participant narrated an example of a person who visited a Traditional Healer out of desperation. He said,

“Jane (not real name) was raised in a devout Baptist family. She married a chair of our church. When Jane fell seriously ill, her initial reaction was to pray for healing. However, after 3 weeks without improvement, she began to feel desperate. With encouragement from her family and friends, she sought out a local traditional healer who promised a holistic approach to her health. This decision was met with mixed reactions from the church community. After two months of treatment at the traditional hospital, Jane was dismissed as her condition had improved significantly.”

The study found that in an atmosphere of urgency, ATM emerges as an appealing option.

Many individuals within Malawian communities have practical aspects of the apparent success of traditional remedies. They may have seen neighbors, friends, or family members regardless of their religious affiliations, experience relief and healing through traditional practices. Such observations can instill doubt and a sense of desperation in the minds of the believers when they are sick. The problem comes when those outside their faith appear to achieve healing through ATM while they remain afflicted; it prompts them to consider whether this alternative might hold the key to their recovery.

This line of thinking, while perhaps unusual, can be understood during periods of hardship. In such times, people are primarily focused on finding relief from their pain. When traditional support systems do not offer the necessary comfort, individuals may become willing to consider any available solution that appears to ease their suffering, regardless of whether it aligns with their existing beliefs or not. It is important to view this quest not as a lack of faith, but rather as a critical juncture that encourages individuals to explore alternatives they might typically overlook. Therefore, it reflects a state of desperation fuelled by persistent illness. However, these Christians grapple with the inherent tension between their beliefs and the practices of traditional healers, which often involve the use of herbs, rituals, and spiritual practices that may be seen as conflicting with Christian teachings. This internal struggle underscores the depth of desperation that these individuals experience as they try to reconcile their faith with their desire for healing.

The study has indicated the four primary factors that drive the preference for African Traditional Medicine among members of the Baptist Convention of Malawi. The factors include financial constraints, accessibility issues, cultural familiarity, and spiritual beliefs, highlighting a complex interplay between economic realities and deeply rooted cultural practices. This trend underscores the necessity for a more integrated approach to healthcare that respects traditional practices while addressing the systemic challenges faced by communities in accessing modern medical services.

5.1.4 Skeptical position

Figure 1 indicates that four participants maintain a skeptical stance, advocating for a cautious and discerning approach. While semi-acceptance focuses on the physical aspect alone, the skeptical position focuses on both the physical and spiritual aspects for church members. This skeptical viewpoint is not about outright dismissal of all traditional practices. Rather, it stems from a desire to protect the physical and spiritual well-being of the congregation. It is a call for rigorous evaluation and validation before any form of ATM is given tacit or explicit approval within the church. This perspective acknowledges the complex landscape of traditional healing, recognizing that practices range from the utilization of herbal remedies to engagements with the spirit world.

A primary concern within this skeptical position is the lack of scientific evidence for the efficacy and safety of many traditional treatments. They argue that while anecdotal evidence and generational knowledge may be compelling, they do not meet the standards of modern medicine. A Pastor from Ntchinji Baptist Church raised a concern

over the use of a traditional medicine due to its lack of scientific measurement and clear prescription. He said,

“I tell my church members that if they need medicine they should use the western medicine that is measured and certified by professionals. Traditional medicine has a lot of implications because they are not measured. God is the master of order. Look what happened when Naaman was asked to dip himself in the river specified times”

Here, the absence of controlled studies and standardized dosages raises questions about the consistency and predictability of treatment outcomes, potentially putting individuals at risk of adverse reactions or ineffective care. From this perspective, the church has a responsibility to uphold a standard of care that prioritizes patient safety and scientifically proven treatments.

The skeptical position draws a crucial distinction between healers who rely primarily on their knowledge of herbs and their medicinal properties versus those who engage in potentially problematic spiritual practices, consulting with ancestral spirits, and making demands for sacrifices. As one participant noted,

“The church needs to differentiate between these distinct approaches. While knowledge of herbal remedies might be viewed more favorably, practices connected to ancestral appeasement and spiritual consultations often clash with Christian teachings on the nature of God.”

Furthermore, the study found that the skeptical position underscores the importance of screening traditional healers and their practices. They advocate for a thorough evaluation process, asking critical questions about the healers' qualifications,

the sourcing of their ingredients, and the potential side effects of their treatments. This insistence on accountability extends to regulatory bodies. This position argues strongly that any ATM practice endorsed by the church should first be bodies like those that the Medical Council of Malawi (MCM) or the World Health Organization (WHO) approve and monitor. This would bring a level of standardization and oversight to a realm that has often been unregulated, guarding against the potential for harmful or fraudulent practices.

5.2 Basis for the Use of Traditional African Medicine

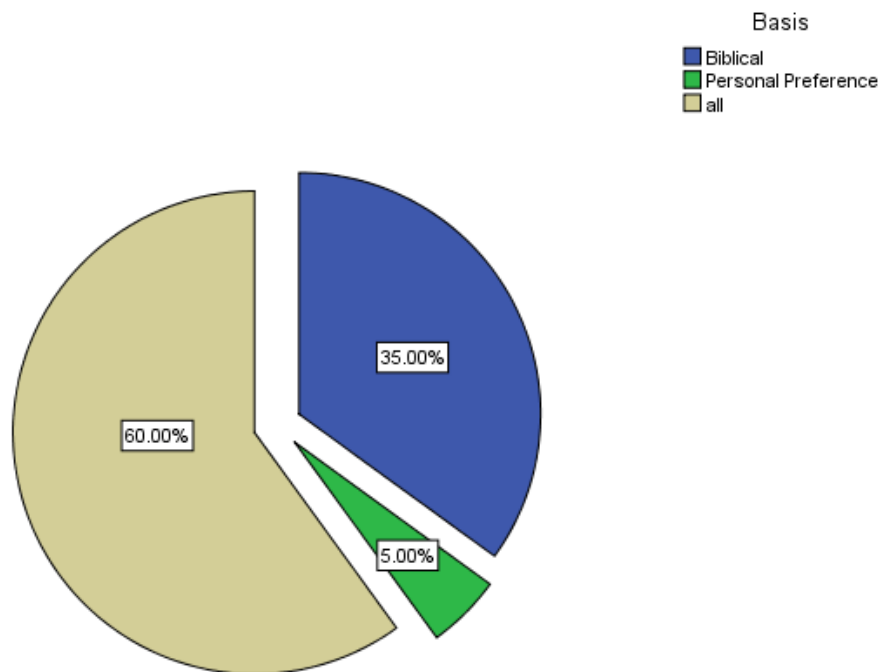


Figure 2: Basis for the preference of ATM

Figure 2 provides a clear snapshot of the diverse perceptions held by the 20 participants

regarding their acceptance of African Traditional Medicine (ATM). Out of the responses, it is striking to see that only 5% attribute their acceptance to cultural influences and personal preferences. This suggests a somewhat limited engagement with the rich tapestry of cultural practices that might influence health decisions. In contrast, a significant 35% of participants highlighted the role of Biblical concepts as a guiding force, particularly among believers in the Baptist Convention of Malawi (BACOMA) churches within the Lilongwe District. This finding underlines the intersection of faith and medicine, indicating that for many, spiritual beliefs play a crucial role in their approach to health and healing. It raises important questions about how religious teachings shape perceptions and practices around traditional medicine.

However, the most notable finding from my thematic analysis is that a substantial 60% of participant's blend both Biblical beliefs and cultural influences in their acceptance of ATM. This combination reflects a more integrative approach to health, where traditional practices are not viewed in isolation but rather as part of a broader spiritual and cultural framework. It illustrates a nuanced understanding that many individuals navigate multiple influences when making health-related choices.

5.2.1 Faith Healing Versus Traditional Medicine

An ongoing debate exists within Christian discourses regarding faith healing and traditional medicine. 50% of participants argue that reliance on Traditional African Medicine detracts from the potency of faith in God's healing power. However, those

supporting this idea contend that faith and traditional healing can coexist harmoniously.

One member asserted,

“If we can say the Bible does not promote the usage of traditional medicine, then we claim that the devil heals people through traditional medicine. For me, I believe that every healing comes from God, not the devil.”

This assertion reflects a theological consideration: if there is a link between healing and the divine, then all forms of healing whether through faith, modern medicine, or traditional practices are manifestations of God's grace. Therefore, integrating traditional healing within a framework of faith, this position emphasizes a holistic approach, recognizing the diverse channels through which God administers healing.

5.2.2 Cultural and personal preferences

The significant factors that are contributing to the ongoing use of ATM among BACOMA congregants are multifaceted. Figure 2 indicates that 5% of church members in BACOMA accept ATM because of the powerful influence of cultural and personal preferences. Many individuals have a lifelong history with ATM, having been exposed to its remedies and practices since childhood. This early and consistent exposure fosters a profound sense of trust in its efficacy that often surpasses that placed in modern, Western-style medicine. The familiarity of traditional herbs, the ritualistic aspects of preparation, and the knowledge passed down through generations create a comfort level that is hard to replicate with unfamiliar pills and clinical settings. For them, ATM is not a mysterious

practice but a part of daily life, a living legacy deeply interwoven with their identity. This is not to say that they reject modern medical intervention entirely. Rather, ATM often serves as a first line of defense, a familiar and accessible option for common ailments. People see it as a holistic approach that addresses not just the physical symptoms but also the emotional and spiritual well-being of the individual. This concept aligns with the holistic worldview often found in African cultures, where healthy people are understood as having a state of balance in the body, mind, and spirit, and are intimately connected with the community and environment.

One Participant (a Pastor) articulates a perspective shared by people within the congregation and captures this fundamental connection. He states, "I feel assured about my actions when I utilize African Traditional Medicine obtained from a healer who does not engage with ancestral spirits. I think that God made plants with the intention of healing." This perspective highlights a crucial distinction: the critical issue is not with the medicine itself but with the spiritual context surrounding its application. This indicates a careful discernment process, whereby they align their traditional practices with their Christian faith by seeking out healers whose methods are deemed compatible with their beliefs. Furthermore, it also reflects a theological perspective, wherein the plants used in ATM are as gifts from God intended for human good, including healing. This perspective further legitimizes their continued use of ATM, framing it not as an act of defiance against their faith but as a divinely inspired method of accessing God's healing power through the natural world.

However, the path to integrating faith and ATM has not always been smooth. The legacy of missionary teachings has significantly influenced the perception of ATM, often framing it as pagan or demonic, which resulted in causing many Christians to reject their cultural practices in favor of the newly introduced Western practices. This is a viewpoint that Mr. Simoko (Not his real name), a member of a BACOMA church, deeply challenges and questions. He states, "The problem lay not with traditional medicine itself, but with the distorted perspective that condemned it." Mr. Simoko's observation is critical. It highlights a history of misinterpretations, where the cultural and spiritual contexts of ATM have been overlooked in favor of blanket condemnation. This has led to a sense of cultural conflict, forcing many to choose between their heritage and their faith. However, members such as Mr. Simoko are beginning to re-evaluate those teachings and reclaim ATM as an authentic expression of their culture that does not necessarily conflict with their Christian faith.

Therefore, the continued use of ATM within the BACOMA church is not a blind adherence to tradition. It is an active choice made within a complex framework of cultural understanding and religious belief. It illustrates an active re-interpretation of both faith and culture. The BACOMA community members are not rejecting modern medicines, instead they opt for a more balanced approach. They value the comfort and familiarity of centuries-old practices while acknowledging the potential benefits of modern medicines.

5.2.3 The Question of Scientific Measurements

Skeptics towards the use of African Traditional Medicine (ATM) question the legitimacy of such practices as the scientific basis of their stance is underpinned by factors such as experiential knowledge, trial-and-error techniques, and the intrinsic value of ancestral longevity.

5.2.3.1 Rooted in Experience and Longevity

One of the fundamental arguments supporting the BACOMA members' position regarding ATM is its longevity and extensive historical usage. Traditional African Medicine has withstood the test of time, surviving centuries of application across African communities even in the face of colonial domination and advancing biomedical technologies. Members of BACOMA often cite its trusted application by African families and communities as evidence of its reliability. The fact that many African parents and grandparents used various forms of herbal medicine without experiencing adverse effects lends credibility to these methods in the eyes of contemporary communities.

Scientific studies have long acknowledged anecdotal evidence as a cornerstone for exploring alternative medicine. While modern biomedicine focuses on clinical trials and randomized control studies, ATM relies heavily on experiential knowledge passed down through generations. The ability of traditional healers to diagnose ailments and prescribe dosages is not the result of formal training; instead, it is grounded in observing patterns, results, and an oral tradition of medicinal lore. Essentially, traditional healers act

as both custodians and practitioners of ancient medical wisdom.

5.2.3.2 Pragmatic Adjustments through Trial and Error

Another layer of scientific reasoning behind the BACOMA Church members' acceptance of ATM involves human adaptation through trial and error. Throughout history, humans have learned to manipulate, cultivate, and refine traditional remedies to enhance their safety and usefulness. A pertinent example is the case of buffalo beans, a once poisonous relish in African cuisine. The cooking method used prepare this dish safely by boiling the beans and discarding the toxic water developed through an empirical process of identifying what worked and what did not. Easily draw this parallel to the evolution of many African Traditional Medicines, which were incrementally refined over generations based on their impact on human health.

In medical anthropology, this trial-and-error approach mirrors certain aspects of the scientific method, albeit in a non-laboratory, community-dependent context. Initial failures such as toxic reactions to particular plants or improper dosages did occur historically, but over time, indigenous knowledge systems perfected the preparation, application, and dosages of these remedies to ensure safety and efficacy. Such dynamic processes provide a foundation for ATM, aligning it with modern concepts of hypothesis testing and iterative refinement.

5.2.3.3 Understanding Dosage in the Absence of Rigorous Tools

One argument often levied against traditional medicine is its lack of scientific tools, such as equipment to precisely quantify ingredients or assess biochemical properties. However, BACOMA members observe that traditional healers demonstrate a surprisingly accurate understanding of dosage, learned through experiential application. No herbalist prescribes a remedy without adhering to a specific dosage methodology. Their dosage prescriptions are informed by their personal or inherited knowledge of how specific illnesses respond to certain herbs.

This observational methodology walks a fine line between informal empiricism and rudimentary science. For instance, a healer might discern that a particular herbal concoction's effectiveness diminishes when the dosage is reduced or toxicity increases when it is used excessively. Through repeated application across various patients, the healer intuitively "tests" different dosage levels, with results that closely align with the core principles of pharmacology, albeit without formal chemical analysis. In this light, one could argue that indigenous healers approach medical science from the vantage point of qualitative understanding rather than of sophisticated technology. Just as researchers gather data to achieve specific outcomes, traditional healers rely on consistent observations and experiences with multiple patients to refine their methods.

5.2.4 Ethical Issues and Dilemmas in BACOMA over ATM

In Malawi, African cultural customs intertwine with Christian beliefs. Therefore, the blending of African cultural customs including healing methods with Christian doctrines has given rise to an array of ethical questions that deeply impact spiritual identity among the Baptist Convention of Malawi church members as presented in Table 2 below.

Table 2: Ethical Issues and Dilemmas in BACOMA over ATM

		Ethics			
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Cultural and Church Conflict	8	40.0	40.0	40.0
	Personal Beliefs and Experiences	7	35.0	35.0	75.0
	Impact on Faith and Divine Healing	3	15.0	15.0	90.0
	Pastoral Roles and Responsibilities	2	10.0	10.0	100.0
	Total	20	100.0	100.0	

In my investigation into the ethical issues and dilemmas faced by members of the Baptist Convention of Malawi (BACOMA) in the Lilongwe district regarding the use of African Traditional Medicine (ATM), a rich wall hanging of themes emerged from the

discussions with 20 participants. These themes shed light on the complex interplay between cultural practices, personal beliefs, and the roles of church leadership as presented in Table 2.

One of the most prominent themes, highlighted by 40% of participants (8 individuals), was the Conflict between Cultural Practices and Church Teachings. Participants expressed deep concerns about how traditional cultural norms often clash with the teachings of the church. This conflict not only creates confusion among church members but also leads to instances of church discipline. Many shared stories of friends or family members who felt detested for adhering to cultural customs that the church deemed incompatible with its values. This struggle underscores a significant challenge for BACOMA: how to honor cultural heritage while staying true to spiritual convictions.

Another critical theme, mentioned by 35% of participants (7 individuals), revolved around Personal Beliefs and Experiences. Participants contemplated their faith journeys and examined how their individual experiences influenced their comprehension of ATM. For some, this meant wrestling with doubts and questions about their faith in light of personal hardships, while others found strength in their beliefs to navigate these challenges. This theme highlights the deeply personal nature of faith and ethics, suggesting that individual experiences can significantly influence one's moral compass within the church community.

The role of church leadership also emerged as a vital theme, with 15% of the participants (3 individuals) discussing Pastoral Roles and Responsibilities. They pointed

out the expectations on pastors to guide their congregations through ethical dilemmas while also managing their challenges. Participants emphasized the need for pastoral support and training to address these issues effectively. The sentiments expressed indicate that church leaders play a crucial role in bridging the gap between cultural practices and church teachings, making their responsibilities even more complex. Lastly, only 10% of participants (2 individuals) touched upon the Impact of Faith and Divine Healing as a crucial aspect of ethical dilemmas. While this was a minority perspective, it nonetheless highlighted a significant concern for some members. These participants felt that ethical issues could lead to a crisis of faith, particularly when it came to beliefs about healing and divine intervention. The insights gained from their experiences indicate that tackling ethical dilemmas within the church transcends mere policy considerations; it is a fundamental connection between the faith and spiritual health of its congregation.

5.2.5 Conflict between Cultural Practices and Church Teachings

The study highlighted a fascinating, and at times, fraught reality that 40 percent of participants, deeply embedded within their communities, have personal experiences with ATM. This creates a significant internal conflict. On one hand, they are leaders within their faith communities, often advocating for healing through prayer and Western medicine. On the other hand, they may have either directly benefited from ATM or know people close to them who have, leading to a complex emotional and intellectual grappling. One Pastor admitted that he has been advising his church members and even

fellow pastors to use ATM, which is not connected to the consultation of ancestral spirit.

He said,

“A fellow pastor came to me for advice because he had been unwell for a while. He had gone to the Western hospital and prayed, but nothing changed. I suggested he see Dr. Banda, a herbalist in our area. He was hesitant at first, but I accompanied him. After a few weeks of treatment, he recovered.”

This internal conflict is further intensified by the different views within the religious community itself. The research revealed a scale of attitudes towards ATM. 80% of participants who are pastors adopt a pragmatic approach, acknowledging the potential efficacy of certain herbal remedies, provided they are not explicitly linked to ancestral spirits or practices seen as demonic. This perspective allows for a tentative acceptance of ATM, viewing it as a potential tool for healing that can coexist with their faith, as long as it has been divorced from any perceived idolatry. However, this is not a universally held viewpoint. 20% of the participants, reject ATM, aligning with a more fundamentalist interpretation of their religious doctrine and cultural background. For them, ATM is intrinsically linked to pagan beliefs and practices that directly conflict with their faith. This perspective often emphasizes the power of divine healing and the perceived superiority of Western medicine, resulting in a complete rejection of ATM, regardless of any evidence of its efficacy. These differing viewpoints raise critical ethical dilemmas. The acceptance or rejection of ATM influences not only the individual pastor but also their congregation and the wider community. The research found the following key ethical challenges that the participants were in dilemma with:

First, there is Informed Consent and Patient Autonomy. If a pastor promotes or condemns the use of ATM, is he truly respecting the individual's right to make informed choices about their healthcare? Does religious authority unduly influence these decisions, potentially hindering access to a potentially beneficial form of medicine? Second, there is an issue of Cultural Sensitivity against Religious Doctrine. Where do we draw the line between respecting cultural heritage and adhering to religious beliefs? How can communities find a path forward that honors both traditions without compromising individual freedom or healthcare access? Third, Potential Harm and Misinformation. The uncritical promotion of ATM could potentially delay or prevent access to essential Western medical interventions. In the same vein, the complete rejection of ATM could deprive individuals of safe effective, culturally relevant treatments. Pastors, as trusted figures, have a responsibility to be well-informed and to promote balanced perspectives. Lastly, there is an issue of Bias and Internal Conflict. If a pastor is conflicted by their own experiences with ATM, how can they ethically guide their congregation on matters of health concerning the teaching of the Bible?

5.2.6 Personal Beliefs and Experiences

At the heart of the issue lies the often-uneasy relationship between Christian doctrine and the deeply rooted practice of African Traditional Medicine. The study revealed a critical point that 35% of BACOMA church members within Lilongwe District have personal experiences with ATM, creating a significant source of internal conflict. This is not a simple case of rejecting or embracing a practice; it is a deeply personal

battleground where faith and lived experience collide. The study highlights a crucial divergence in perspective amongst BACOMA church members. Of the 80% of the participants who accept ATM, only 60% draw a line at what they perceive as spiritual contamination, are willing to accept ATM as a form of natural medicine, provided it is not viewed as being derived from or linked to ancestral spirits or practices. In their personal view, the efficacy of certain herbs or remedies is not inherently problematic, provided they are not seen as conduits for spiritual forces outside of their Christian beliefs. They approach ATM with a desire to distinguish between what they might consider "natural" remedies and practices viewed as "spiritual."

However, the research also uncovered a complete rejection of ATM by other pastors, which I will explain further under the theme of "Acceptance challenge." This perspective, often rooted in a "strict" interpretation of Christian scripture, sees any involvement with ATM as a form of idolatry and a denial of faith. They view ATM as fundamentally incompatible with Christian beliefs, regardless of whether it is purportedly rooted in natural remedies or spiritual practices. This dichotomy within the pastoral body demonstrates a fundamental challenge: reconciling deeply held personal convictions with the diverse cultural tapestry of the communities they serve. This internal division within BACOMA raises critical ethical issues:

First, there is the issue of Pastoral Guidance. Many people struggle to balance this question; how can pastors effectively counsel their congregations when they are grappling with conflicting personal views on ATM? This inconsistency can lead to

confusion and mistrust within the community, particularly when dealing with issues of health and well-being.

Second, there is the matter of Cultural Sensitivity and Religious Doctrine. The study found that there is a need for BACOMA to grapple with the core tension: the need to be culturally sensitive to the beliefs and practices of their community while upholding the tenets of Christian doctrine. Yet, the question remains; how can BACOMA church leaders offer pastoral care that respects both?

Another issue is about the Authenticity of Healing. The question of where healing power resides is central to the debate. Can healing be truly effective outside of faith in God? This probes the core theological beliefs of the pastors and the communities they lead. Again, there is an issue of the impact on Health Seeking Behaviour: If pastors vehemently reject ATM, it may unintentionally push community members away from seeking traditional remedies, even when readily available and affordable. This can have significant implications for health outcomes, especially in resource-limited settings causing other serious health problems. The sharp division on this issue has the potential to create conflict and division within BACOMA. Maintaining unity amidst such strongly differing convictions poses a significant challenge.

5.2.7 Pastoral Roles and Responsibilities

Another particularly significant area of concern regarding ethical issues and dilemmas mentioned by 10% of the participants revolves around the pastoral roles and responsibilities in guiding congregants through their understanding and engagement with

ATM. While pastors within BACOMA are tasked with guiding their members in matters of faith and well-being, research highlights a critical gap: the lack of adequate training and understanding regarding ATM. This deficiency creates an ethical minefield where well-intentioned guidance unintentionally causes harm.

Perhaps the most significant issue is the absence of formal education on ATM. Pastors, in general, are not trained on the specifics of various ATM practices, their potential benefits, and, crucially, their potential risks. This lack of knowledge makes it difficult to distinguish between harmless herbal remedies and potentially dangerous or ineffective treatments. The result can be ill-informed advice that misguides congregants. One participant said,

“I find it challenging to address the instances of traditional medicine within my church due to my limited understanding of the subject. Consequently, when such matters arise, we rely on the majority decision of the discipline committee, as we operate as a congregational church.”

Another challenge is that there is a limited Cultural Understanding among pastors. The study found that ATM is not just an herbal mixture; it is intrinsically linked to the culture, beliefs, and traditions of the communities where it originates. Many pastors may lack the necessary cultural understanding to appreciate the nuances of ATM practices. This can lead to misinterpretations, disrespect for deeply held values, and a failure to recognize the significance of these practices within the lives of their congregants.

The research found that there is a tendency towards a simplistic "good vs. evil" perspective when it comes to ATM. Pastors may view it as inherently "pagan" or

incompatible with Christian beliefs, leading to condemnation rather than thoughtful engagement. This inflexible stance prevents nuanced dialogue, alienating congregants who may find ATM to be an integral part of their cultural and health practices. This binary thinking ultimately forces people to choose between their faith and their heritage, a choice that causes immense internal conflict. Therefore, without sufficient knowledge, pastors inadvertently become conduits for misinformation. They discourage members from using beneficial ATM practices that have been passed down through generations.

On the other hand, they unintentionally endorse potentially harmful practices due to a lack of discernment. This misinformation causes severe consequences on the health and well-being of their congregations. When pastors approach the topic of ATM with judgment and without understanding, they risk eroding the trust that forms the foundation of the pastoral relationship. Congregants may feel that their cultural heritage and personal experiences are being dismissed, leaving them feeling misunderstood and isolated within their religious community. This can lead to a breakdown in communication and a sense of alienation.

5.2.8 Impact on Faith and Divine Healing

The core of the dilemma lies in the contrasting perspectives on healing. The research found that 15% of participants within BACOMA churches believe that sickness is a spiritual affliction best addressed through prayer, faith, and divine intervention. ATM, with its reliance on herbal preparations, rituals, and traditional healers, is perceived as

conflicting with these core beliefs. The study reviews that this perception leads to the following:

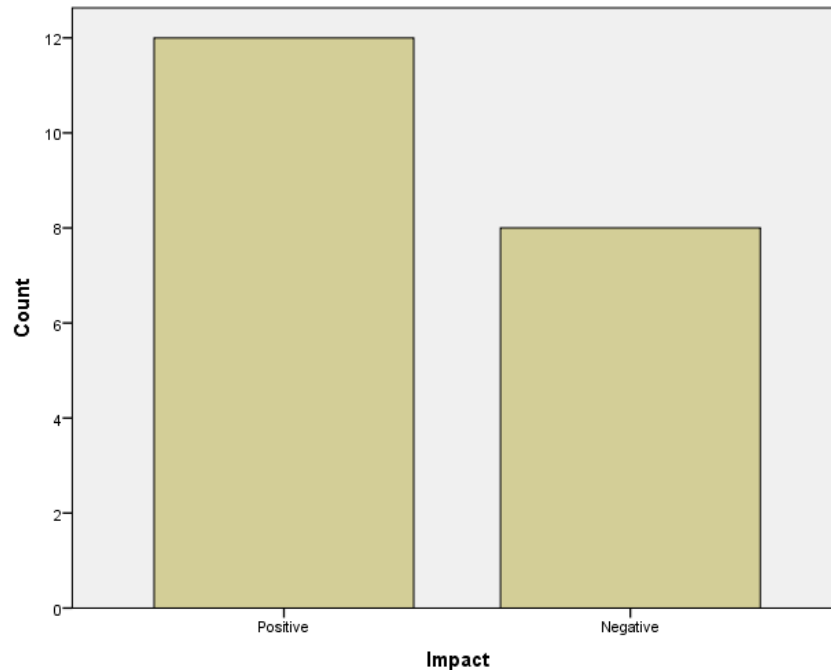


Figure 4: Impact of Christian Faith on ATM

In examining the perspectives of our participants regarding the intersection of African Traditional Medicine (ATM) and Christian faith, we found some compelling insights. As depicted in Figure 4, a notable 60% of respondents (12 out of 20) expressed the belief that using African Traditional Medicine does not undermine their Christian faith. They emphasized that, ultimately, God is the true healer, suggesting a strong conviction that faith can coexist with traditional practices.

On the other hand, 40% of participants, representing 8 individuals, voiced concerns that reliance on ATM could lead to spiritual challenges. They argued that by focusing on the healer or the remedies themselves, individuals might inadvertently shift

their dependence away from God. This perspective sheds light on an important tension within the community: while many see no conflict between their faith and the use of traditional medicine, a significant portion believe that doing so could lead to three major consequences.

First, there is the issue of faith erosion. Participants feared that turning to traditional healers might dilute their trust in God's power and grace. This raises a critical question: can one truly maintain a steadfast faith if they place their hope in something other than the divine? One participant said,

"It is evident that individuals who rely on traditional medicine often experience a decline in their faith in divine healing, as they place their confidence in the remedies they have employed for recovery. For instance, I have encountered individuals endorsing a particular physician operating a traditional clinic in proximity to our church, claiming that he possesses exceptional healing abilities. They assert that he is reliable; he never fails even in cases where others have been unsuccessful in providing relief. This raises the question of where their faith lies in the Lord, who proclaimed, "I am the Healer."

This perception can lead to profound internal conflict and spiritual discomfort for individuals who are torn between their faith traditions and traditional healing practices. It can also create unease within the larger community, raising questions about the strength of their collective belief.

Second, this reliance might foster a diminished understanding of God's role in health and well-being. Many respondents highlighted the risk of neglecting the spiritual dimensions of healing, which can be deeply rooted in prayer and faith. They stressed that

viewing God solely as a distant figure, rather than an active participant in their healing journey, could lead to a more fragmented spiritual experience.

Lastly, the participants expressed concerns about the potential for spiritual confusion. The blending of traditional practices with Christian beliefs could create uncertainty about where true healing comes from, leading to a crisis of faith for some individuals.

Here is a story illustrating the ethical issues and dilemmas. One Member of the Baptist Church narrated her story of how she struggled ethically. Jane, a member of the Baptist Church, was wrestling with a mysterious illness. Tests at the local clinic yielded inconclusive results, leaving her weak and disheartened. Despite daily prayers, her physical condition worsened, testing her faith and patience. Friends and family, witnessing her struggle, suggested she consult a traditional healer, a suggestion that initially met with resistance. Jane's faith was deeply rooted in God, and she questioned if seeking alternative remedies would somehow diminish her connection with Him. However, desperation pushed her to approach the situation with an open mind.

The traditional healer's methods were unlike anything Jane had experienced before. He prepared five bottles of herbal remedies, instructing her to consume them over 21 days. Initially hesitant and nervous, Jane decided to trust the process, praying with her family before each dose, believing God's healing could manifest through various avenues, including the earth's natural resources. She saw this as aligning with her faith, a belief supported by biblical references to the medicinal properties of herbs.

By the time Jane finished the third bottle, a remarkable shift occurred. Her debilitating symptoms began to subside, replaced by a growing sense of strength and hope. The relief was immense, and her gratitude profound. This experience, far from diminishing her faith, strengthened her conviction that God's healing touch can come in unexpected forms. Jane's journey reinforced her belief that faith and openness can coexist and that healing, often found in unexpected places, is always possible with persistent prayer and unwavering belief. Her story served as a testimony to the power of faith, coupled with a willingness to explore different avenues toward wellness.

The exploration of ethical dilemmas surrounding African Traditional Medicine in Malawi reveals a profound tension between cultural practices and Christian beliefs, highlighting the need for open dialogue and understanding within faith communities. As pastors navigate their roles, the challenge lies in balancing respect for traditional healing methods with adherence to religious doctrine, ultimately influencing both individual health choices and community cohesion.

5.2.9 Church Discipline and Policy

Within Baptist churches, the practice of church discipline serves as a cornerstone for maintaining ethical and spiritual integrity, rooted in biblical principles of accountability and restoration. While the overarching goal – to guide individuals back to righteousness and strengthen communal faith – is widely agreed upon, the application of disciplinary measures often reveals significant disparities. This section delves into the complexities surrounding the use of traditional medicine among members of the Baptist

Convention of Malawi (BACOMA), exploring the varied disciplinary approaches employed by different congregations. Further, it examines the challenges stemming from the absence of a unified policy framework, the implementation hurdles arising from decentralized church governance, and the inconsistencies in decision-making processes when addressing members' engagement with African Traditional Medicine (ATM). Ultimately, this analysis sheds light on the need for greater clarity, consistency, and empathy in navigating this complex intersection of faith, culture, and healthcare practices.

5.2.9.1 Varied Disciplinary Approaches

The findings from the interviews revealed that all participants articulated diverse disciplinary methods when addressing the use of traditional medicine by a member. They emphasized that the notion of church discipline is fundamentally anchored in biblical tenets of accountability and restoration, functioning as a foundational element for upholding ethical and spiritual integrity within Christian communities. There exists a shared understanding of the objective of discipline, which is to redirect individuals towards a path of righteousness and to fortify the collective faith. Nevertheless, the implementation of disciplinary measures differs significantly.

The BACOMA framework reveals a diverse array of disciplinary methodologies. At one extreme, some churches impose stringent disciplinary actions on individuals who engage with African Traditional Medicine (ATM). These congregations prioritize personal devotion and compliance with a well-articulated set of behavioral standards,

which are accompanied by specific repercussions for those who fail to conform. Such repercussions may include temporary removal from particular church functions, like participation in communion, public reprimands, and, in certain instances, prolonged disciplinary measures. One participant disclosed that he resorts to using ATM secretly due to his fear of facing disciplinary consequences. He said;

“When I got healed through African Traditional Medicine, the church was aware of what was happening. I was not willing to tell the church because I was afraid of discipline. I have seen my fellow members receiving discipline because they visited traditional doctors.”

Another participant also confirmed that they had received disciplinary measures, reportedly extending up to six months, after church leaders discovered his use of traditional medicine for healing. Such a firm stance stems from a perception that traditional healing practices often involve spiritual beliefs and rituals that are deemed incompatible with Christian teachings. These practices are sometimes associated with ancestor veneration, animistic beliefs, and the use of practices not aligned with mainstream Christian doctrine, causing some congregations to view them as a direct challenge to their faith. As a result, the use of traditional medicine is not viewed solely as a health matter, but as an act of spiritual defiance, that requires correction and rehabilitation. The rationale behind this approach, though rooted in a desire to maintain the spiritual "purity" of the church, is often seen as inflexible and potentially insensitive to the complex cultural realities that many congregants face. However, such disciplinary

action does not help these members since it simply punishing, not reforming and building up. One participant noted that,

“The discipline that our church gives to people does not help them to grow spiritually rather it just destroys the personal’s reputation and weakens faith. When you receive a discipline, you are no longer part of the fellowship. Other members treat you as an outcast. Had it been that during the discipline the church teaches you the right way you one could go and also teach the church that one who has received discipline is not in the punishment process but in the correction process.”

However, there are BACOMA churches that exhibit a significantly more understanding and accepting attitude towards traditional medicine. These congregations tend to adopt a more nuanced approach, recognizing the long-standing significance of traditional healing practices within Malawian culture. They may view traditional medicine as a pragmatic response to health needs, particularly in rural areas where access to modern healthcare facilities is limited. As such, these churches often opt not to impose disciplinary measures on members who use traditional methods of healing believing that God’s healing can come through traditional medicine. For example, a pastor rescinded a disciplinary action imposed on a family by a deacon for their use of African Traditional Medicine. He noted that many churches, where deacons rather than the pastor primarily manage the leadership, tend to encounter disciplinary issues among the members. He said,

“Churches without pastors face issues with discipline related to ATM use for two main reasons. First, many members come from other churches that have strict rules about ATM, bringing their previous beliefs with them. Second, many leaders lack proper training. Sometimes church members choose their deacons because they are popular, not because they follow what the Bible says, and this happens because the choosers do not understand what deacons

are meant to do. Our church does not have a training program for deacons; they learn on the job.”

How disciplinary measures are administered within these congregations diminishes their efficacy, even regarding critical matters. The research indicated that a significant number of individuals subjected to discipline do not participate in any educational programs. Consequently, the individual under discipline is released once the designated period concludes, irrespective of any observable changes in behavior.

5.2.9.2 Policy Framework Status

The responses from the study within the BACOMA indicate the struggle to find a way to address the practice of ATM. What is immediately clear is that the level of policy clarity varies significantly across the many local congregations in BACOMA. A notable observation is the recognition that many local churches within BACOMA function without established, clearly articulated policies or guidelines regarding the utilization of ATM. The subject is not overlooked; rather, a uniform strategy is absent. Each church is essentially addressing this significant and personal matter independently, often achieving differing levels of effectiveness. This absence of a cohesive framework results in inconsistent practices, confusion, and a potential lack of empathy when engaging with individuals and families who may pursue conventional health remedies. One respondent noted that members are often uncertain about what constitutes sin and what does not. For example, she said,

“I visited the pastor to confess because I used African Traditional Medicine for healing. To my surprise, the pastor said there was nothing wrong with

using traditional medicine. He prayed with me to help ease my mind since I felt guilty about using it.”

Individuals experience a conflict between their religious convictions and a strong belief in the efficacy of traditional medicine. In the absence of explicit direction from their religious institution, they may encounter feelings of disorientation, uncertainty, and potential judgment. This represents the everyday experience for numerous members of BACOMA.

The participants highlighted that the lack of standardized guidelines presents a considerable challenge. Although the Baptist Convention articulates a definitive stance on specific matters like abortion and trans-gender, ATM issues appear to occupy an ambiguous space, lacking a clear policy for local church leaders to consult. Consequently, individual pastors, elders, and deacons frequently address issues related to ATM usage based largely on their personal experiences, interpretations of scripture, and cultural perspectives. While such experiences and pastoral insights are undoubtedly important, they may not suffice in navigating complex situations. One participant noted the importance of taking this issue seriously. He said,

“The Baptist Convention of Malawi needs to address the issue of training pastors so that church members understand what the Bible says about these important topics. As people of the book, our decisions should be guided by the Bible.”

A system characterized by such variability results in subjective enforcement of discipline, wherein one church may adopt a stringent stance against ATM, whereas a nearby church

may exhibit a more permissive approach. This disparity poses the risk of estranging members who hold their cultural traditions in high regard, all the while seeking comfort and direction within their religious beliefs. The lack of formal policies also raises a critical question of how congregations handle the issue when disciplinary action is required. The absence of specific guidelines on ATM within BACOMA means that each church approaches these situations based primarily on the leadership's interpretation of biblical teachings and, as we have seen, their personal experiences.

5.2.9.3 Implementation Challenges

The core of the challenge is how leaders perceive carrying out discipline within some local churches. BACOMA, like many decentralized Baptist denominations, grants a degree of autonomy to its congregations. This autonomy leads to inconsistencies in the interpretation and enforcement of policies, particularly on matters like ATM usage. While there is a general understanding that the use of ATM is outside the bounds of Christian practice, the application of disciplinary measures varies significantly from one church to another. This variability further complicates the Implementation Challenges. It appears that the authority to administer discipline is not always well-defined or consistently followed. One critical concern is that many church leaders sometimes give discipline to members without proper authority or consultation. The findings suggests that in some congregations, discipline relating to ATM usage is handed out based on the personal convictions of individual leaders, often those with more influence within the church structure like deacons. One respondent highlighted his frustration when his deacon gave

discipline to a certain family because African Traditional Medicine treated them when the husband was sick. He said,

“I noticed that Mr. and Mrs. Banda's family (Not a real name) was not going to church. I decided to check on them. I was surprised to find out that the deacon had disciplined their family. This is why they stopped attending church.”

Another significant issue that influences the efficacy of disciplinary actions is the lack of transparency. Research indicates that disciplinary actions are often taken without full church knowledge. In many cases, the disciplinary process regarding ATM usage is decided and executed by a small circle of individuals, often just the deacons or a few influential figures within the church leadership. The congregation at large is left unaware of the reasons for a member's discipline or even of the fact that discipline is being implemented. This lack of transparency can fuel distrust and resentment within the congregation, especially when members feel that established procedures have been bypassed and that decisions are being made behind closed doors. It also creates a sense that disciplinary action is less about upholding biblical principles and more about personal power or control.

5.2.9.4 Decision-Making Process

Another prominent issue identified in the research regarding disciplinary actions towards members who engage in ATM pertains to the decision-making process within BACOMA. The study reveals a disconcerting pattern of individual church leaders independently making decisions concerning such cases. This indicates a lack of consistency in how these matters are addressed across different congregations. The

absence of centralized guidelines allows individual leaders to interpret and apply disciplinary measures based on their own understanding, biases, or personal convictions about ATM. This inconsistent approach leads to varied and often arbitrary outcomes for members involved in ATM practices. Some face severe penalties while others might receive only a mild reprimand or no disciplinary action at all. Such disparities not only create confusion and resentment amongst members but also raise concerns about the fairness and justice of the church's disciplinary process.

Research found that some churches have leaders who come from different religious backgrounds. These leaders are coming from other denominations that allow using traditional medicine. For example, members came from Cross Life Church (formerly African Assemblies of God), African Independent Churches (AICs), and Churches of Christ. Furthermore, the research highlights limited coordination between the different levels of church leadership. BACOMA church's organizational structure is hierarchical, comprising local churches, zones, associations, and the national convention. Theoretically, this structure facilitates a cohesive approach to policy implementation and disciplinary matters. In practice, however, the findings suggest that there is a considerable disconnect between these levels. Information and directives often fail to flow seamlessly from the national level down to the local congregations, and feedback from the ground level rarely finds its way back up to deal with these disciplinary issues.

The study also identified a lack of explicit protocols for managing ATM-related incidents. This deficiency in established procedures places church leadership in an

imprecise position when addressing situations involving members' use of ATM. In the absence of a clearly defined framework that delineates the necessary steps from preliminary investigation to potential disciplinary measures, the approach tends to be improvised and subjective. Such a void in protocols results in misinterpretations, inconsistencies, and potential misuse of authority. To illustrate the concept of discipline when deciding on BACOMA, the story of Mr. Banda (not his real name) stands as a clear example. Mr. Banda, a member of a Baptist Church, was sick and he visited the hospital; the doctors had prescribed some tablets, but they seemed to do little more than assuage the symptoms for a few hours. The nights were the worst, filled with tossing and turning and the relentless drumming of his own heart in his ears. Mr. Banda was a man of faith, a stalwart member of the Baptist Church, and he had prayed. He had prayed with his family, with the pastor, and other men of God. Pastor and church elders had laid hands on him and anointed him with oil, but still, the fever lingered, a stubborn guest refusing to leave.

His sister-in-law "suggested that Mr. Banda's sickness was perhaps something else." Then, his family, other church members, and neighbors told Mr. Banda that "There are other ways," and "Sometimes the old ways work." Despite resistance from Mr. Banda, his family planned the journey to visit a traditional healer who lived on the outskirts of the same village. It was a risky journey, venturing beyond the realm of the church and into a world of herbs. Nevertheless, desperation was a powerful motivator. One evening, Mr. Banda, with his family, walked the dusty path to a traditional healer's hut. He explained his ailment, and the healer listened patiently, finally nodding slowly. He pulled

out a collection of dried leaves, roots, and bark, grinding them with practiced motions. He prepared a concoction, a bitter, earthy liquid that Mr. Banda swallowed with trust born of his immense need to get better.

And it worked. Slowly, the fever began to recede. The chills ceased to shake him, and his appetite returned. He felt...alive again. He returned to church the following Sunday, a mixture of relief and apprehension coursing through him. It was not long before the whispers started again in the church, this time sharper, more judgmental. The elders of the church, led by a Deacon, called a meeting. Mr. Banda was summoned. One deacon, a man known for his rigid adherence to religious doctrine, spoke. "Mr. Banda," he said, his tone heavy with disapproval, "we are all aware of your recent illness and the... methods you employed to regain your health. As a member of the Baptist Church, you have forsaken the teachings of the Lord, placing your trust in the practices of traditional medicine, of those who dabble in the dark arts."

Mr. Banda lowered his head, a spark of shame burning in his chest even though he felt he had done what was necessary to live. "I was sick, Deacon. I prayed and I went to the hospital. I did what I could." "But you turned to a Traditional healer," the Deacon pressed, his voice rising with indignation. "You went outside the church, outside the grace of God." The room hummed with disagreement. Some nodded in agreement with the Deacon. Others, many of whom had also sought help outside of the hospital and the church, looked at Mr. Banda with pity, perhaps even a flicker of acknowledgment. One

woman spoke in a low tone. "Is it not the Lord who gives us the knowledge to heal? Is it not in his creation that we find the remedies for sickness?"

Her question hung in the air, unanswered. A question that challenged the very core of their beliefs. The question that threatened to split the small church was a question that Mr. Banda himself could not answer. The meeting ended with a disciplinary action Mr. Banda was to refrain from leading services for 6 months. A small penalty, yet it felt like a heavyweight. He was caught between two worlds: his faith and the healing that had saved his life, a healing that originated from a source that his church had taught him to fear. This story serves as a compelling illustration of how churches address the challenges surrounding the use of African Traditional Medicine within the Baptist Convention of Malawi.

CHAPTER 6

DISCUSSION

This study aims to explore the practical perspectives on the use of African Traditional Medicine among Baptist Convention of Malawi (BACOMA) churches in Lilongwe District. This research centers around three core questions: First, what is the practical position of the Baptist Convention of Malawi towards the use of Traditional African Medicine? Second, what is the biblical and scientific basis of BACOMA church members' practical position towards the use of Traditional African medicine? Finally, what is the Practical Effect of African Traditional Medicine on the Christian Faith?

6.1 Summary of Results

Firstly, the study among the 20 participants from the Baptist Convention of Malawi churches in Lilongwe District reveals varied attitudes towards African Traditional Medicine (ATM). 50% (Representing 10 participants) fully accepted ATM, recognizing its biblical and cultural significance and complementary role to conventional medicine. Twenty percent (representing 4 participants) semi-accepted, acknowledging ATM's potential benefits while expressing concerns about its efficacy and safety especially when it involves spirit consultation, advocating for a balanced integration of both medical practices. Another 20% were skeptical, citing a lack of regulation and scientific validation for traditional remedies, often influenced by personal experiences. Lastly, 10% (representing 2 participants) outrightly rejected ATM, favoring modern medicine and

viewing traditional practices as incompatible with their Christian beliefs. These findings underscore the diverse perspectives on ATM and the need for informed discussions about its role in healthcare.

Secondly, the investigation into ethical dilemmas faced by members of the Baptist Convention of Malawi (BACOMA) in Lilongwe revealed several key themes from discussions with the 20 participants. A major theme was the conflict between cultural practices and church teachings, noted by 40% of participants, (representing 8 participants) leading to confusion and potential disciplinary actions as individuals reconcile their heritage with spiritual beliefs. Another significant theme, highlighted by 35% of participants (representing 7 individuals), centered on personal beliefs and experiences, emphasizing how individual conscience shapes perspectives on African Traditional Medicine (ATM).

The role of church leadership was also critical, discussed by 15% of the respondents (representing 3 participants), who stressed the need for pastors to guide congregations through ethical dilemmas and the importance of pastoral training. Lastly, 10% of participants addressed the influence of faith and divine healing on ethical issues, expressing concerns about crises of faith related to healing beliefs. Overall, the findings indicate that addressing ethical dilemmas in the church is closely linked to the faith and spiritual well-being of its members.

Lastly, in examining the perspectives of my participants regarding the intersection of African Traditional Medicine (ATM) and Christian faith, I found some compelling

insights. As depicted in Figure 4, a notable 60% of respondents (representing 12 participants) expressed the belief that using African Traditional Medicine does not undermine their Christian faith. They emphasized that, ultimately, God is the true healer, suggesting a strong conviction that faith can coexist with traditional practices. On the other hand, 40% of participants, representing 8 individuals, voiced concerns that reliance on ATM could lead to spiritual challenges. They argued that by focusing on the healer or the remedies themselves, individuals might inadvertently shift their dependence away from God. This perspective sheds light on an important tension within the community: while many see no conflict between their faith and the use of traditional medicine, a significant portion believes that doing so could lead to three major consequences.

6.1.1 Practical Stance on African Traditional Medicine within BACOMA

The findings from the Baptist Convention of Malawi (BACOMA) 72 churches in the Lilongwe District through 20 participants reveal a fascinating mix of perspectives regarding African Traditional Medicine (ATM). With 10 out of 20 surveyed participants expressing clear acceptance of ATM, it is clear that many within this community recognize the essential value of traditional healing practices. This acceptance speaks volumes about the cultural heritage and the communal ties that bind these individuals to their roots, highlighting a deep-seated respect for the wisdom passed down through generations. It is heartening to hear the personal stories shared by participants who embraced ATM, highlighting not just its effectiveness but also its role as part of their

identity. These anecdotes serve as reminders that healing often transcends mere medical interventions; it is about nurturing the spirit and fostering a sense of belonging. We cannot underestimate the cultural significance of ATM, especially in a society where traditional practices often coexist alongside modern medicine.

However, the mixed feelings from the semi-accepting and skeptical groups reveal a more complex landscape. The 20% who are semi-accepting seem to embody a desire for balance—a yearning to integrate the best of both worlds. Their careful method is easy to understand, as many people today are striving to find a balance between traditional health knowledge and contemporary scientific discoveries. In an era where information is abundant and often conflicting, individuals are increasingly seeking ways to integrate time-honored practices with the latest research findings. This perspective invites important conversations about how we can create a healthcare framework that respects both traditions while ensuring safety and efficacy for all.

On the other side, the skepticism voiced by another 20% (representing 4 participants) raises valid concerns about the lack of regulation surrounding traditional remedies. Their experiences reflect a universal truth: not all that is traditional is inherently safe or effective. This skepticism is not merely a rejection of ATM but rather a call for evaluation that is more rigorous and a call for dialogue. It emphasizes the need for education as an opportunity to bridge the gap between traditional practices and scientific scrutiny. Fostering a space for discussion and learning by BACOMA leadership can empower individuals to make informed decisions about their health. Lastly, the 10%

of participants who outright reject ATM highlight a critical tension that exists between faith in modern medicine and traditional practices. Their firm stance is understandable, particularly in a world where medical advancements have significantly improved health outcomes. However, it is essential to approach this rejection with empathy; it is often rooted in deeply held beliefs that merit respect and understanding.

Despite some people rejecting the use of African Traditional Medicine, they endorse it behind the scenes. Consider the example of one of the participants who passionately advocated the healing powers of faith and the dangers of relying on anything outside of divine intervention as an advocator of ATM. He told me that he encourages his congregation to abandon worldly solutions in favor of prayer alone when they are sick. Unfortunately, one participant told me that he (advocator of healing faith and prayer alone), guides his fellow pastor to visit Doctor Banda (a herbalist) for health issues. This contradiction is not just a personal failing; it reflects a broader cultural issue within the community that values appearance over authenticity. This hypocrisy is particularly deceptive because it thrives on the very tenets of faith that unite and uplift. When individuals prioritize their social standing over genuine belief, they create an environment where they sacrifice authenticity on the altar of acceptance. The disguise of unwavering faith becomes a powerful tool, allowing them to maintain influence and authority while simultaneously undermining the very principles they profess to uphold.

Findings increasingly reveal a fascinating duality present in communities worldwide: a simultaneous embrace of both traditional medicine and modern scientific

practices, often underpinned by a complex relationship between faith and cultural heritage. This co-existence, however, is not always harmonious and often reveals a delicate navigation between opposing viewpoints. This trend resonates strongly with observations made in previous studies across diverse communities. The concurrent embrace of both traditional and modern approaches suggests a deep-seated need to honor cultural heritage while also acknowledging the benefits of scientifically validated practices.

Joyce Mlenga's exploration of "Dual Religiosity in Northern Malawi," provides a compelling lens through which to understand this phenomenon. Mlenga's research illuminates the intricate interplay between faith and tradition within local Malawian churches. These churches are not simply religious institutions; they are vibrant tapestries woven with threads of traditional beliefs and practices. For many church members, belonging to a congregation does not necessitate a complete rejection of their cultural heritage. Instead, their lives often reflect a paradoxical reality where they skillfully navigate the waters of faith and tradition, recognizing the potential points of conflict between the two. This duality underscores a universal human tendency to seek meaning and security from multiple sources, drawing upon both the spiritual solace offered by faith and the familiar comfort of cultural customs.

This complex relationship translates directly into healthcare choices. Individuals are increasingly seeking holistic approaches that resonate with their cultural backgrounds while also acknowledging the importance of scientific validation. They might turn to

traditional healers for remedies passed down through generations while simultaneously consulting with medical doctors and relying on pharmaceuticals. This is not necessarily a sign of confusion or contradiction but rather a pragmatic approach to well-being, where individuals leverage the strengths of both systems to achieve the best possible health outcomes. Ultimately, this duality reflects a broader global conversation about health and well-being. As the world becomes increasingly interconnected, the demand for healthcare solutions that respect cultural diversity and integrate traditional knowledge with modern science will continue to grow. Understanding the nuances of this interplay between faith, culture, and health is crucial for fostering trust, improving access to care, and developing genuinely effective and culturally sensitive healthcare practices that resonate with individuals around the world. It is essential to embrace this complexity and work collaboratively to bridge the gap between tradition and modernity, ensuring that healthcare empowers individuals to make informed choices that align with their beliefs, values, and cultural identities.

Observations by Munthali and others have illuminated the profound impact religious doctrines can have on health-seeking behaviors, sometimes with devastating consequences. In particular, the research highlights a troubling trend amongst certain religious groups, notably members of Zionist Churches, who often reject both biomedical and traditional medical interventions in favor of strict spiritual adherence. This rejection of formal healthcare presents a serious problem, potentially putting lives at risk and

exacerbating existing health crises.¹⁶⁷ The core issue lies in the rigid interpretation of religious tenets, leading to a complete dismissal of established medical practices. Individuals compelled to conform to these doctrines often feel bound to refuse medical treatment, even when facing serious illness. The non-use of formal healthcare is not simply a matter of personal preference, but it is a direct consequence of a deeply ingrained belief system, which prioritizes faith over medical intervention.

The ramifications of such rejection are undeniably severe. When individuals forgo medical attention in favor of spiritual remedies alone, they risk preventable deaths and the worsening of chronic conditions. In Malawi, where access to healthcare is limited by poverty, infrastructure challenges, and a shortage of medical professionals, refusing available treatment can be a death sentence. Diseases that are effectively managed with medication or surgery, are allowed to progress unchecked, leading to unnecessary suffering and mortality. The specific beliefs driving this rejection often center on the idea that faith and prayer are sufficient for healing and that seeking medical help demonstrates a lack of trust in God's ability to provide. While the power of faith and prayer should not be dismissed, the rejection of evidence-based medicine carries significant risks, especially when dealing with life-threatening illnesses. Furthermore, this trend disproportionately influences already vulnerable communities. In regions with limited access to education and healthcare resources, the influence of religious leaders and the

¹⁶⁷ For an extreme case see: Paul Gunde, "Can Teachings and Practices in Church Promote Gender Based Violence? A Reflection on Experiences of Women in the Apostolic Mazoe Church in Malawi," in *Gender Based Violence in Malawi. Critiquing Beliefs and Practices that Impede Gender Equality*, ed. Rachel NyaGondwe Fiedler and Chrispin Mphande (Mzuzu: Mzuni Press, 2024): 83-100.

adherence to strict doctrines can be particularly strong. This creates a cycle of vulnerability, where people are less likely to seek medical care due to a combination of religious beliefs, limited access, and a general lack of awareness about the benefits of modern medicine.

Addressing this complex issue requires a multi-faceted approach. Public health initiatives must incorporate culturally sensitive strategies that respect religious beliefs while promoting the importance of seeking timely medical care. Educating communities about the benefits of integrating faith with medical treatment, rather than seeing them as mutually exclusive, is crucial. Engaging with religious leaders to foster a more nuanced understanding of healthcare and to encourage them to support their members in seeking appropriate medical attention is also vital. Ultimately, the goal is not to undermine faith but to empower individuals to make informed decisions about their health. By fostering critical thinking, promoting health literacy, and building trust between healthcare providers and religious communities, Malawi can work towards a future where faith and health coexist, leading to improved health outcomes for all its citizens.

For many, the healthcare system is a lifeline, offering diagnosis, treatment, and hope for recovery. However, for religious communities to engage with modern medicine can be a complex and challenging decision, fraught with distrust, fear, and deeply held spiritual beliefs. This reluctance to seek conventional medical care can stem from the conviction that faith and prayer alone are sufficient for healing, leading to significant barriers in accessing essential healthcare services, particularly for vulnerable populations.

One prominent example can be seen within the Malawi Zion Church, where faith-based healing is central to their belief system. Members often rely primarily on prayer and spiritual intervention, viewing biomedical treatments with suspicion or even as a violation of their faith. This perspective is not unique and resonates with other religious groups who perceive hospitals and medical interventions as potentially dangerous, both physically and spiritually.

This is not simply a matter of individual preference; it is a deeply ingrained worldview. As Allan Brett et al.¹⁶⁸ demonstrated in their research, many Christians utilize religious justification when faced with decisions about medical treatment. Their study sheds light on the complex reasoning behind choosing faith-based healing over conventional medicine, highlighting four key motivators. First, individuals may cling to the hope for a miracle, believing that God can intervene directly and miraculously heal their ailment. Second, they may express a refusal to give up on the God of faith, interpreting medical intervention as a lack of trust in divine power. Third, there is the conviction that every moment of life is a gift from God and is worth preserving at any cost, leading them to pursue spiritual healing as a way to extend life without resorting to perceived artificial means. Finally, some believe that suffering can have redemptive value, seeing illness as a test of faith or an opportunity for spiritual growth, which should not be avoided through medical intervention.

¹⁶⁸ Brett and Paul. "Inappropriate treatment near the end of life: Conflict between religious convictions and clinical judgment." *Archives of Internal Medicine* 163, no. 14 (2003): 1645-1649.

Brett and Paul findings are crucial because they move beyond simply labeling these beliefs as "irrational" or "superstitious." Instead, they offer a nuanced understanding of the theological and emotional underpinnings that fuel these decisions. Recognizing these motivations is essential for developing effective approaches to bridge the gap between faith-based healing and conventional medicine. The consequences of these beliefs can be profound. Delayed treatment, avoidance of preventative care, and reliance on unproven remedies can exacerbate health problems within these communities. Vulnerable populations, including children and the elderly, are particularly at risk when medical intervention is delayed or refused.

For generations, traditional medicine has been a cornerstone of healthcare in Malawi. Research, including the work of Abdullahi,¹⁶⁹ highlights its historical dominance, reaching millions across both rural and urban communities. This deep-rooted presence underscores the vital role it plays in the lives of Malawians, acting as a readily available and culturally relevant resource. This reliance on traditional medicine is not merely a static adherence to the past. A dynamic system often blends seamlessly with modern beliefs. This integration reflects a broader cultural shift, where individuals increasingly incorporate traditional practices into their spiritual and practical lives. This blending allows for a holistic approach to well-being, drawing on multiple sources for healing and comfort. However, the narrative surrounding traditional medicine in Malawi

¹⁶⁹ Ali Arazeem Abdullahi, "Trends and Challenges of Traditional Medicine in Africa," *African Journal of Traditional, Complementary and Alternative Medicines* 8, no. 5S (2011) :2.

is not without its complexities. As scholars like Ibrahim Chikowe et al.,¹⁷⁰ have observed, the arrival of missionaries brought with it a contrasting perspective. Often, traditional medicine was portrayed as pagan or ineffective, encouraging its rejection in favor of Western medical practices. This historical context has undoubtedly shaped perceptions and created a tension between traditional and biomedical approaches.

Despite these challenges, the enduring strength of traditional medicine stems from its ability to address the critical dilemma of medical accessibility. For communities often geographically or economically disadvantaged and unable to access biomedical treatments, traditional medicine offers a culturally sensitive and often more affordable alternative. This accessibility is paramount in a country where healthcare resources may be limited. The holistic nature of traditional medicine also contributes to its appeal. It considers the individual within a broader context, taking into account spiritual, social, and emotional factors, in addition to physical ailments. This comprehensive approach resonates with many Malawians who value a healthcare system that understands and addresses the entirety of their being.

The perspectives shared by the participants in this study underscore a rich dialogue about health and healing within the Baptist Convention of Malawi. It is crucial to encourage ongoing discussions that honor both traditional wisdom and modern science, recognizing that the path to wellbeing is often a collaborative journey. Therefore,

¹⁷⁰ Chikowe, Ibrahim, Moira Mnyenyembe, Stuart Jere, Andrew G. Mtewa, John Mponda, and Fanuel Lampiao. "An ethnomedicinal survey of indigenous knowledge on medicinal plants in the traditional authority Chikowi in Zomba, Malawi." *Current Traditional Medicine* 6, no. 3 (2020): 225-241.

fostering an environment of trust and education can help individuals navigate their health care choices in a way that respects their beliefs and enhances their overall well-being. Relying solely on tradition without considering the potential benefits of scientific inquiry would be to overlook an important opportunity for growth and improvement. While experiential wisdom is invaluable, it cannot replace the systematic rigor of scientific investigation, which could potentially enhance our understanding of the efficacy and safety of traditional practices. I agree with the position of scholars like Jacob Hill believe that consulting with a healthcare professional before use is essential to avoid potential interactions with conventional medications.¹⁷¹ Scholars like Hill emphasize the importance of consulting healthcare professionals before using herbal medications due to potential interactions with conventional drugs. This is in agreement with the call of the World Health Organization that emphasizes the need for scientific measures of African Traditional Medicine.

However, I need to be clear on my position that the absence of widespread scientific validation for ATM practices does not necessarily negate their potential value, but it does raise important questions about standardization, dosage, and potential interactions with conventional medicines. Standardization is a biblical concept that we cannot overlook. Consider an example of Naaman who followed Elisha's instructions and dipped himself in the river seven times, resulting in his complete healing. This resonates with standardization and dosage for healing. This comparison of faith-based trust and

¹⁷¹ Jacob Hill et al, "Prevalence of Traditional, Complementary, and Alternative Medicine (TCAM) among Adult Cancer Patients in Malawi." 1049.

empirical evidence presents an ongoing challenge of the intersection of Christian faith, ATM, and modern medicine, but also a significant opportunity for constructive dialogue.

The position to completely reject ATM looks very rigid. The proponents of this position often refer to clear church teachings that label traditional practices as sinful or against Christian beliefs. Of course, this viewpoint is strong, particularly with the Pentecostal position of strongly opposing traditional medicine, viewing it as a spiritual threat.¹⁷² Such firm beliefs lead to serious inner conflict for BACOMA members, who may struggle between their strong cultural traditions and their committed religious faith. The rigid stance taken highlights a perceived incompatibility between traditional practices and Christian doctrine. These congregants often view ATM as associated with ancestral spirits, witchcraft, or practices considered pagan, directly contradicting core Christian beliefs in God and the power of prayer. This viewpoint is often reinforced by sermons, bible studies, and the general atmosphere of the church community, creating a powerful social pressure to conform to the rejection of ATM. Ten pastors whom the researcher spoke to, said they focus on the downsides of African Traditional Medicine without discussing its benefits. They do not teach their congregations about what the Bible says regarding the use of ATM. Yet many individuals are finding healing benefits from using ATM. As a result, people who are deeply involved in this setting and look for traditional remedies may be viewed as rebellious, which results in them being socially excluded or facing spiritual judgment.

¹⁷² Lusekero Mboma Munthali, Enalla Thombozi, and Balwani Chingaticlifwe Mbakaya, “Use of Complementary and Alternative Medicine among Persons with Diabetes at Mzuzu Central Hospital in Malawi: A Cross-Sectional Study,” *Advances in Integrative Medicine* 10, no. 3 (2023): 102.

This rejection, however, is not isolated to individual convictions. It forms part of a broader theological narrative that casts reliance on traditional practices as inherently linked to a perceived weakness in faith. The interpretation of certain biblical passages, such as Acts 17:30, often reinforces this viewpoint. The Bible says, “*In the past, God overlooked such ignorance, but now he commands all people everywhere to repent* (NIV).” This verse, which speaks of God overlooking the times of ignorance, is sometimes interpreted within this context to suggest that embracing Christianity signifies a departure from what is seen as the “ignorant” or less enlightened practices of the past. This interpretation, while undoubtedly meaningful to those who hold it, creates a stark dichotomy. It positions the Christian faith in opposition to traditional African practices, potentially alienating those who might naturally seek to integrate their cultural heritage with their Christian beliefs. Individuals with a leg on each side of these two worlds generate a profound sense of spiritual conflict, forcing them to choose between aspects of their identity that may feel intrinsically linked.

However, this interpretation appears to overlook a critical aspect. Acts 17:30 addresses the practice of idol worship, and using African Traditional Medicine (ATM), does not equate to the act of worshiping idols. The surrounding context of this verse illustrates that Epicurean and Stoic philosophers convened at the Areopagus, where they brought the apostle Paul to articulate his defense of the teachings of Jesus. In his discourse, Paul draws a parallel between the altar dedicated “to the unknown god” and the Creator of the universe and humanity. He emphasizes that if this Creator possesses the power to grant life and movement to humans, it is inconceivable to reduce Him to the

status of an idol (Acts 17:22–29). To regard an idol as the Creator constitutes a sin born of ignorance. With this newfound understanding, the people are called to repent to avoid impending judgment (Acts 17:31).

Furthermore, while proponents of non-acceptance frequently cite the Bible as a source of guidance, their interpretations often seem to selectively bypass the complex and sometimes surprisingly accepting approach to healing found within those very texts. A closer reading of the Old Testament reveals that many revered biblical figures, even within a divinely ordained context, utilized and even prescribed natural remedies. Think of the use of figs for healing boils (Isaiah 38:21) or the various medicinal plants mentioned in the scriptures. These examples suggest a more nuanced understanding within the biblical tradition, where faith and practical, often traditional, healing practices could harmoniously coexist.¹⁷³ This selective reading of scripture, therefore, raises questions about the boundaries of inclusivity within this particular expression of faith. Is there room for a more integrated approach to healing, one that honors both the spiritual and the practical, the divine and the earthly? Could a broader interpretation of scripture enrich, rather than undermine faith?

The semi-acceptance of ATM often involves a selective approach, where individuals might use certain traditional remedies for specific ailments while remaining cautious about practices perceived as more spiritually sensitive. For example, a congregant might use herbal remedies for a common cold but would avoid traditional

¹⁷³ Amots Dafni and Barbara Böck, “Medicinal Plants of the Bible—Revisited,” *Journal of Ethnobiology and Ethnomedicine* 15 (2019): 2.

healers who invoke ancestral spirits, citing biblical passages such as Deuteronomy 18:10-12, which condemn divination and Spiritism. The full acceptance of ATM often involves a more comprehensive integration, where individuals see no inherent conflict between their faith and the use of traditional medicine. They might attend church regularly while also consulting with traditional healers for various health concerns, believing that both avenues can contribute to their overall well-being encompassing physical, emotional, and sometimes even spiritual health. This idea agrees with what Abdullahi found in his research about "Bible and Plants," illuminating the use of medicinal plants in the Holy Land in Biblical times and even earlier."¹⁷⁴ It is crucial to understand that certain interpretations of the faith condemn the consultation of ancestral spirits as a form of idolatry. This highlights the importance of selective discipline, enabling individuals to differentiate between the acceptable use of herbal medicine and practices involving spirit consultation. However, potential conflicts can still arise, such as when traditional remedies contradict modern medical advice, requiring careful consideration and ethical discernment.

6.2 Reason for Accepting ATM

The findings from this study illuminate a nuanced landscape surrounding the acceptance of ATM use within BACOMA churches in the Lilongwe District. While it is evident that a significant portion of participants embraced ATM specifically, 60% [12 out

¹⁷⁴ Ibid.

of 20 participants] of those surveyed, there is a deeper story woven into the motivations behind this acceptance. Table 1 in the findings sheds light on four pivotal levels of reasoning, revealing that 50% [10 out of 20 participants] identified with an acceptance approach, but the underlying reasons highlight a rich mix of personal experiences and societal influences. It is intriguing to note that out of the 20 individuals interviewed, only one cited accessibility barriers as a key motivator for ATM use. These 5% may seem small, but it highlights an essential truth: cash accessibility can be a game-changer. Imagine someone in desperate need of cash for an emergency, having an ATM practitioner nearby can be a lifeline in a moment of urgency.

Delving further, the researcher found those who turned to the ATM during times of distress. The 10% (one participant) who mentioned desperation as a reason for their usage illustrates a powerful emotional narrative. When faced with urgent needs, the instinct to reach for whatever is available speaks volumes about human resilience and adaptability. It is a reminder that the circumstances that people find themselves in influence their financial choices. Financial constraints, too, played a significant role, with 15% of participants indicating that their limited resources drove them toward ATM use. This reality resonates with the struggles many face in their daily lives. For some, the ability to access funds quickly can mean the difference between meeting a basic need and succumbing to economic pressures that weigh heavily on individuals and families. This pressure highlights how ATM might provide an essential service, especially in challenging financial times. However, the most profound insight comes from the 20% [4 participants] who cited religious beliefs as a significant factor influencing their

acceptance of ATM. This finding is noteworthy for its implications on the intersection of faith and finance. It suggests that for people, the decision to use African Traditional Medicine is not just about practicality; it involves their spiritual lives and cultural practices. This speaks to a broader narrative where traditional beliefs can coexist and even support contemporary conveniences.

In comparison to previous studies, these insights align with existing literature that discusses the interplay between cultural practices and religion. Of course, this viewpoint is strong, particularly with the Pentecostal position of strongly opposing traditional medicine, viewing it as a spiritual threat.¹⁷⁵ Such firm beliefs lead to serious inner conflict for BACOMA members, who may struggle between their strong cultural traditions and their committed religious faith. Similar studies have noted that communities often navigate the tension between traditional beliefs and modern advancements, adapting in ways that honor both. The acceptance of ATMs in BACOMA churches is not merely a trend. It shows how people live and how they manage their identities in a world that is changing quickly.

This is what Samuel Waje Kunhiyop claims, “Religious beliefs and the African worldview are not lost when Africans become Christians. They need to be examined critically. They affect everyday life, whether in terms of marriage, farming, career choices, or even such mundane matters as traveling.”¹⁷⁶ It is a fact that the African

¹⁷⁵ Munthali, Thombozi, and Mbakaya, “Use of Complementary and Alternative Medicine among Persons with Diabetes at Mzuzu Central Hospital in Malawi: A Cross-Sectional Study.”

¹⁷⁶ Samuel Waje Kunhiyop, *African Christian Theology* (Zondervan Academic, 2019), 3.

worldview has a great impact on our everyday lives and this is the most crucial part to deal with when dealing with the natural hypocrisy of religious dualism. Joyce Mlenga's work, particularly in "Dual Religiosity in Northern Malawi," sheds light on this duality. Local Malawian churches are not mere institutions of faith; they are, in many ways, a mix woven with threads of traditional beliefs and practices.¹⁷⁷ For members, belonging to a church does not equate to a full disavowal of their cultural practices. Instead, it highlights a paradoxical existence where individuals navigate the waters of faith and tradition, often finding them at odds with one another. This internal conflict is substantial. While there may be a public façade of strict adherence to Christian doctrine, 80% [16 out of 20 participants] of the individuals privately acknowledge the significance of ATM. It is common for someone to support a family member who seeks traditional remedies, even if they would not openly endorse such practices in the church setting. This silent acceptance speaks volumes about the respect for cultural heritage that persists, even within the confines of a faith that may not recognize it. Consider the mother who prays for her child's health at a church service, yet keeps a stash of herbal remedies at home, using them when she feels the need. She may wrestle with feelings of guilt or hypocrisy, but at the end of the day, her priority is the well-being of her family. This form of duality is a survival mechanism, a way to honor both her faith and the well-being of her child without fully reconciling the two.

¹⁷⁷ Joyce Mlenga, *Dual Religiosity in Northern Malawi: Ngonde Christians and African Traditional Religion* (Mzuzu: Mzuni Press, 2016).

The results of this study echo findings from previous research by Rachel Fiedler and Christina Landman, emphasizing the struggle of classifying faith and tradition in the Baptist Convention of Malawi when it comes to the issue of using African Traditional Medicine. They found that

“The medical practices of the missionaries were largely dismissive of indigenous healing methods, although there were instances where they integrated the elements of both systems and made concessions to accommodate traditional beliefs and practices”¹⁷⁸

This challenge is especially noticeable in communities where everyday life closely connects with both perspectives. Members find themselves constantly negotiating between the expectations of their religious community and the health of the patient embedded in their cultural practices. By highlighting this natural hypocrisy, we hope to foster a deeper understanding of the complexities of faith and the need for a patient to be healed.

It invites us to reflect on how rigid categorizations of belief systems can overlook the rich, lived experiences of individuals. It is essential to embrace these complexities, recognizing that for many, as reviewed in the literature, the path to understanding their identity is not a straight line but rather a winding road with intersections of faith, culture, and personal history. The acceptance of ATM use within BACOMA churches is multifaceted, rooted in accessibility, emotional needs, financial constraints, and religious and cultural beliefs. These findings not only provide a window into the financial

¹⁷⁸ Rachel NyaGondwe Fiedler and Christina Landman, “The Impact of Traditional Health Practices, Revivalism, Patriarchy and Economic Factors on the History of the Baptist Convention’s Health Response in Post-Independence Malawi,” *Studia Historiae Ecclesiasticae* 50, no. 2 (2024): 5.

behaviors of individuals in the Lilongwe District but also highlight the importance of understanding the cultural context in which these behaviors occur.

6.2.1 Basis for the Use of ATM

In the analysis of the perceptions surrounding African Traditional Medicine (ATM) as captured in Figure 2 of the findings, we see a compelling and somewhat surprising landscape among the 20 participants. The data reveals that only 5% [1 out of 20 participants] attribute their acceptance of ATM to cultural influences and personal preferences. This raises a red flag about the depth of cultural engagement regarding health decisions. It suggests that many individuals may not be fully aware of, or connected to, the rich cultural practices that have historically informed health and healing in their communities. On the other hand, it is noteworthy that 35% of participants [7 out of 20] find their acceptance rooted in Biblical concepts, particularly among the members of the Baptist Convention of Malawi (BACOMA) churches in the Lilongwe District. This finding invites us to reflect on the profound relationship between faith and health. For many, their spiritual Christian beliefs are not just abstract ideals; they are tangible guides that shape how they approach their well-being. The intersection of religious teachings and traditional medicine prompts critical questions to be asked by Christians concerning the biblical justification of the use of ATM in seeking remedies for their illnesses.

However, the most striking aspect of this thematic analysis is the fact that a substantial 60% of participants embrace a blend of both Biblical beliefs and cultural influences in their acceptance of ATM. This integrative approach highlights a more

holistic understanding of health, one that does not see traditional medicine as a standalone option but rather as part of a wider spiritual and cultural narrative. It illustrates that health-related choices are rarely black and white, but that a complex web of factors, including personal beliefs, cultural heritage, and community practices, influences them. This nuanced perspective challenges us to rethink our understanding of health decisions within these communities. It suggests that individuals are not merely choosing between faith and tradition; they are weaving together various threads to create a personalized approach to healing. It also highlights the importance of recognizing and respecting these intertwined influences in healthcare practices and discussions.

In the quest for healing, individuals often find themselves navigating a complex landscape where faith, tradition, and modern medicine intersect. Recognizing the profound influence of personal beliefs and cultural practices is crucial to understanding how individuals seek remedies for their illnesses. This is especially true within the context of faith communities, where scripture and inherited traditions play a significant role in shaping perceptions of health and wellness. For many, the Pentateuch, particularly Exodus 15:26, where God declares, "I am the LORD who heals you," resonates deeply. This verse transcends a simple quote; it serves as a bedrock of their belief system, reinforcing the fundamental idea that ultimate healing originates from the divine. In a world often fraught with challenges and uncertainty, this promise offers comfort and empowers individuals to actively participate in their healing journey.

Traditionally, healing has not been perceived as solely a physical process confined to the realms of biology and medicine. Instead, it is understood as a holistic spiritual journey, intricately interwoven with faith and cultural practices passed down through generations. This perspective, echoing the sentiment of scholars like David Adamo who emphasizes the fundamental nature of healing to human existence, highlights the deep-rooted connection between spiritual well-being and physical recovery.¹⁷⁹ Within specific cultural contexts, like the BACOMA community, this fundamental need for healing is approached as both a spiritual and a communal quest. The search for wellness becomes a shared experience, deeply rooted in faith and tradition. Individuals do not navigate their health challenges in isolation; instead, they draw strength and support from their faith community and the collective wisdom of their ancestors.

This holistic approach underscores the importance of acknowledging and respecting the diverse ways individuals perceive and pursue healing. While modern medicine offers invaluable tools and techniques, the role of faith and tradition in providing comfort, hope, and a sense of community should not be underestimated. By recognizing the intertwined threads of faith, tradition, and modern medicine, we can foster a more comprehensive and compassionate approach to healthcare that truly addresses the multifaceted needs of the individual. Ultimately, embracing this perspective allows for a more nuanced understanding of how people seek wellness, acknowledging the powerful role of both the physical and the spiritual in the journey toward healing.

¹⁷⁹ David T Adamo, “‘I Am the LORD Your Healer’ Exodus 15: 26 (אני יהוה רפאך): Healing in the Old Testament and the African (Yoruba) Context,” *In Die Skriflig* 55, no. 1 (2021): 3.

While the Bible does not explicitly outline specific traditional healing practices as we understand them today, provides a foundation for understanding and even valuing the use of natural remedies. This undercurrent in scripture resonates deeply with communities like the BACOMA, which rely on African Traditional Medicine (ATM). They see themselves as inheritors of a long and respected tradition of natural healing, a tradition with roots that extend back to biblical times. The connection lies in the historical context of the ancient Near East. As indicated by researchers like Duke and Duke, this region was a wellspring of herbal knowledge. Ancient societies possessed a sophisticated understanding of plants and their medicinal properties, effectively utilizing "natural medicine" long before modern pharmaceutical interventions.¹⁸⁰ This understanding was not just anecdotal; it was based on centuries of observation and practical application.

This historical backdrop provides a powerful framework for understanding the BACOMA community's reliance on ATM. They perceive a continuity between the biblical era and their practices, believing they are carrying on a tradition deeply embedded in their cultural and spiritual heritage. The herbs and remedies they employ are not merely alternative treatments; they are viewed as a connection to a past where natural medicine flourished and was intertwined with daily life. Furthermore, the BACOMA community's faith reinforces their reliance on ATM. The belief that God has infused plants and natural elements with healing properties is more than just a convenient theological justification. It reflects the practical realities of their lived experiences. They

¹⁸⁰ James A. Duke and P.K. Duke, *Medicinal Plants of the Bible*, vol. 233 (Trado-medic Books Owerri, NY, 1983).

see the healing power of these natural remedies firsthand, reinforcing their faith in God's provision and aligning their practices with a belief system rooted in the Bible.

For generations, members of the BACOMA church have witnessed and experienced the healing power of traditional remedies firsthand. This reliance on nature's pharmacy is more than just a practical choice; it is a deeply ingrained aspect of their cultural identity and a testament to the accumulated wisdom passed down through generations of herbalists and traditional healers. These healers, deeply connected to their environment, possess an intimate understanding of the natural world and its healing potential. Their knowledge, far from being mere folklore, represents a sophisticated system of medicine intertwined with the community's cultural understanding. They offer treatments not just for physical ailments, but often address the spiritual and emotional well-being of the individual, reflecting a holistic approach to health.

This enduring reliance on traditional remedies within the BACOMA community is not unique. Scholars like Ben-Yehoshua and Borowitz have explored the historical and cultural significance of natural remedies across diverse contexts, suggesting a universal human instinct to seek healing from the environment around them. Their research highlights that this impulse is far from new, but rather a deeply woven thread in the tapestry of human history¹⁸¹ As they noted, this rich history transcends geographical boundaries and cultural differences. Evidence of natural remedies can be found not only

¹⁸¹ Shimshon Ben-Yehoshua, Carole Borowitz, and Lumír Ondrej Hanuš, "Frankincense, Myrrh, and Balm of Gilead: Ancient Spices of Southern Arabia and Judea," *Horticultural Reviews* 39, no. 1 (2012): 1.

in biblical texts but also in the ancient writings of Egyptians, Greeks, and Romans. This widespread adoption suggests a fundamental human connection to the natural world and a deep-seated belief in its healing properties.

The continued use of traditional remedies within the BACOMA church, therefore, isn't just a matter of tradition; it's a reflection of a broader human story. It speaks to the power of intergenerational knowledge, the enduring appeal of natural healing, and the inherent human connection to the land and its bounty. As the world moves towards modern medicine, the legacy of traditional remedies in communities like BACOMA serves as a powerful reminder of the wisdom embedded within natural solutions and the importance of preserving these invaluable cultural practices.

6.2.3 The distorted understanding of the term "Sing'anga"

However, there is a general belief out there that connects ATM to the ancestral spirits is the misunderstanding of the word “Sing’anga” (Doctor/Physician). The complexity of the situation is in the distorted understanding of the term "Sing'anga," by Westerners, which is the local term for a traditional healer. This misunderstanding is a significant factor in the anti-biblical perception of ATM within BACOMA. The word "Sing'anga" resonates deeply within the cultural fabric of Malawi. More than just a simple term for 'physician,' it embodies a complex interplay of tradition, spirituality, and community well-being. To understand the true meaning of "Sing'anga" is to delve into a world where healing extends beyond the physical, encompassing the psychological, social, and spiritual dimensions of human existence.

6.2.3.1 The Meaning of "Sing'anga"

At its core, "Sing'anga" (plural: *Asing'anga*) translates to "physician" or "traditional healer" in Chichewa, one of Malawi's primary languages. However, this simple translation barely scratches the surface of its true meaning. In the Malawian context, a *Sing'anga* is not merely someone who dispenses remedies; they are individuals deeply embedded within their communities, perceived as conduits to the spiritual realm, and entrusted with the holistic well-being of their people. The word carries an inherent cultural authority, imbued with respect and, often, a degree of charisma. *Asing'anga* possess specialized skills and knowledge passed down through generations, often through family lineages. This knowledge is not empirical observation but also a profound understanding of local plants, herbs, and their properties, as well as the intricate relationship between the physical world and the spiritual realm. For instance, if a child suddenly falls ill, a *Sing'anga* might investigate not only potential physical causes but also whether the child has offended an ancestor or been subjected to witchcraft. In a land dispute, people in the village may call a *Sing'anga* to mediate, drawing upon their knowledge of customary law and ancestral claims to the land.

Unlike Western medical models that often compartmentalize health into distinct physical and mental categories, the *Sing'anga* views health from a holistic perspective. There is a general understanding that people – including Malawian Christians – attribute illness not only to physical causes but also to spiritual imbalances, breaches in moral codes, or the influence of malevolent forces.¹⁸² The healing process, therefore, often

¹⁸² Kunhiyop, *African Christian Theology*. p

involves a combination of herbal remedies, rituals, spiritual guidance, and community involvement. Furthermore, the *Sing'anga's* role extends beyond just treating illnesses. They act as advisors, mediators, and even keepers of cultural knowledge. They often play a crucial role in significant life events, from births to deaths, and guide complex family and social disputes. Their influence stems from their perceived connection to the ancestral spirits and the ability to interpret the often-unseen forces shaping the world. This multifaceted role makes the *Sing'anga* not just a health practitioner but also a vital cultural figure, a pillar of the community, and a repository of deeply ingrained wisdom.

6.2.3.2 The Diverse Landscape of "Asing'anga"

It is crucial to recognize that "Sing'anga" is not a monolithic category. There exists a considerable diversity amongst *ng*, each with their specialized practices and areas of expertise. On the diversity of meaning, Arne Steinforth elaborates that.

“The appellation *sing'anga* or *mnganga* (plural *asing'anga*), like that of 'traditional healer' is very much a blanket term covering several different types. Although some authors like Morris and Msonthi drew a distinction, particularly amongst the Yao, between the herbalist *ng'anga* and the diviner (*amisengo* or *mchisango*), contemporary usage does not seem to make this explicit and *sing'anga* is often used as a broad term to cover midwives, village and market herbalists, as well as doctor-diviners and apparently, [...]. When Jesus is referred to in Christian hymns as a greater healer, he is also called a *sing'anga*.”¹⁸³

This statement shows that modern people have different meanings for the word "Sing'anga." Unfortunately, this word often has a negative connotation, even though, as

¹⁸³ Arne S. Steinforth, “Troubled Minds,” 2021: 30.

Arne Steinforth points out, Jesus is referred to as "Msing'anga Mkulu" (Great Healer).¹⁸⁴ While Christians try to distinguish between Asing'anga, there are four common types found in Malawi:

Herbalists (Asing'anga ogwiritsa ntchito mankhwala azitsamaba):¹⁸⁵ These *Asing'anga* are experts in the use of medicinal plants and herbs without consulting ancestral spirits.¹⁸⁶ They possess an intricate knowledge of the local flora and understand which plants and combinations can alleviate specific ailments. Often, knowledge of plant properties passes through specific family lineages and they consider rebranding formulas as time goes by. Unlike other types of Sing'anga, the specialist in herbalism may be training formally, informally, and non-formally. They prepare herbal remedies in various forms, such as concoctions for drinking, ointments for topical application, and powders for inhaling. Asamoah-Gyadu noted that herbal medicines in African religions have acquired sacramental value, with their therapeutic properties infused with spiritual power for healing, despite initial Christian missionary denunciations.¹⁸⁷ This is a reason why herbalists are common and accepted even within the faith community.

Diviners (Asing'anga owombeza/olosea): These *Asing'anga* focus on understanding the root causes of illness or misfortune, which are often considered

¹⁸⁴ Arne S. Steinforth, "Troubled Minds," 2021: 30.

¹⁸⁵ The word herbalist in Greek is *rhizotoma* meaning "roots gatherer."

¹⁸⁶ Brian Morris, *Chewa Medical Botany: A Study of Herbalism in Southern Malawi*, vol. 2 (Münster: LIT Verlag, 1996), 36.

¹⁸⁷ J. Kwabena Asamoah-Gyadu, "Therapeutic Strategies in African Religions: Health, Herbal Medicines and Indigenous Christian Spirituality," *Studies in World Christianity* 20, no. 1 (2014): 20.

spiritual or social. They use various methods, such as bone casting, dream interpretation, or trance states, to uncover the underlying issues. Divination intends to pinpoint the source of the problem, which may be a breach of a social taboo, a curse, or ancestral dissatisfaction.

Spirit Mediums (Asing'nga amizimu): These *Asing'anga* act as intermediaries between the world of the living and the spirit realm. They may conduct rituals to commune with ancestors or spirits to gain guidance, seek blessings, or address issues that may have caused illness or misfortune. Sometimes, they will become 'possessed' by these spirits, and act as a conduit for their communications. Research indicates that "The belief is that anyone can be a medium with proper development, although there is disagreement on how long this study must take and what exactly it should consist of."¹⁸⁸ However, the fact is that one cannot become a Spirit Medium (*Sing'anga wa mizimu*) without proper developmental training. They conduct their training informally or non-formally, but not formally. There is no formal school to teach these types of Doctors.

Midwives or traditional birth attendants (Azamba): Although not always classified strictly as a *Sing'anga*, traditional midwives have the knowledge and experience to assist women during childbirth and provide postpartum care.¹⁸⁹ Their knowledge stems from long experience and passes through generations of women. They are an important part of the community and help in ensuring a smooth and safe birthing

¹⁸⁸ Charles F. Emmons, "On Becoming a Spirit Medium in a "Rational Society," *Anthropology of Consciousness* 12, no. 1 (2001): 72.

¹⁸⁹ Gillian Doreen Barber, "Giving Birth in Rural Malawi: Perceptions, Power and Decision-making in a Matrilineal Community." PhD, Goldsmiths, University of London, 2004.

process.¹⁹⁰ It is important to note that these categories are not always mutually exclusive, and other types of *Asing'anga* may combine aspects of different specializations. The level of specialization can also vary greatly depending on the specific area, the *Sing'anga's* training, and their community's needs.

6.2.3.3 "Sing'anga Mkulu": Jesus as the Great Physician

Perhaps one of the most intriguing aspects of the word "Sing'anga" within the Malawian context is its application to Jesus. In the local Chichewa Bible translation, the translators referred to Jesus as *Sing'anga mkulu*, meaning "the Great Physician." This terminology is not simply a direct translation but a conscious attempt to bridge the gap between religious understanding and cultural familiarity. The name resonates with people and allows a greater and more meaningful understanding of Jesus and his healing power. By calling Jesus *Sing'anga mkulu*, the Bible translators acknowledged the significance of the traditional healer in Malawian society and effectively used this familiar concept to illustrate the profound healing power of Jesus Christ. It places Jesus in a context that Malawians can readily comprehend – someone who not only heals physical ailments but also offers spiritual and emotional restoration. This framing makes the Gospel more relatable and compelling within the Malawian cultural framework. The name "Sing'anga" does not have a negative connotation; instead, it embodies a positive significance. I concur with Fiedler and Landman That missionaries have misrepresented the name.¹⁹¹

¹⁹⁰ Ibid.

¹⁹¹ Rachel Fiedler and Christine Landman, "The Impact of Traditional Health Practices, Revivalism, Patriarchy and Economic Factors on the History of the Baptist Convention's Health Response in Post-Independence Malawi," 2024, 5.

Consequently, discussions surrounding "Sing'anga" often lead to associations with diviners and spirit mediums. The difficulty arises from the absence of distinct Chichewa terms for the various types of traditional healers based on their specific roles.

6.2.3.4 The Implication of the Name Great Physician

The concept of Jesus as the *Great Physician* is not unique to Malawi. In the Bible itself, Jesus is portrayed as a healer of both physical and spiritual infirmities. He heals the blind, the lame, and the lepers. He also addresses the spiritual ailments of sin and brokenness. The biblical narrative aligns perfectly with the holistic perspective ingrained in the term "Sing'anga," where healing is not confined to the physical but rather encompasses all aspects of a person's well-being. The use of *Sing'anga mkulu* to describe Jesus is a reminder of the universality of the need for healing and wholeness. It also demonstrates how faith and cultural understanding can intersect to create a more profound and meaningful spiritual experience. It is a powerful example of enculturation, where the Gospel takes root in a particular culture and language, making it more accessible and relevant to the people. The choice to refer to Jesus as *Sing'anga mkulu* further highlights this understanding by bridging the gap between religious faith and cultural practice, which in turn provides a deeper and more meaningful understanding of Jesus.

As the saying goes: "*Umoyo m'manja mwa Chiuta*," (Life is in God's hands). This Malawian proverb emphasizes the importance of faith and divine guidance in the journey of healing, a concept at the heart of the *Sing'anga* tradition and the broader understanding

of the person of Jesus Christ as *Sing'anga mkulu*. This quotation encapsulates the deep-rooted belief in the divine's role in well-being while acknowledging the human journey in seeking healing. In the realm of the *Sing'anga*, this understanding is an integral part of their culture and practices, which often interplay with faith and spirituality. Understanding the term “Sing’anga” therefore allows for a broader understanding of healing from a Malawian lens, as well as a more profound understanding of the role of Jesus Christ in their lives.

6.3 Practical Effect of ATM on the Christian Faith

In analyzing the perspectives of the participants on the intersection of African Traditional Medicine (ATM) and Christian faith, we uncovered some truly intriguing insights. As shown in Figure 4, a striking 60% of the respondents (representing 12 out of 20) believe that engaging with ATM does not conflict with their Christian beliefs. They highlighted a profound conviction that God is the ultimate healer, suggesting a beautiful harmony between faith and traditional practices. This sentiment resonates with many in the community who view their spiritual journey as multifaceted, where faith and cultural heritage intertwine rather than clash. However, the conversation does not stop there. 40% of participants (representing 8 individuals) expressed reservations about relying on ATM bringing up some critical concerns. They fear that leaning too heavily on traditional remedies might divert attention from God, potentially creating a spiritual disconnect. This perspective reveals an important tension within the community. While many embrace the

coexistence of faith and traditional healing, a significant number remain wary of the implications of such practices on their spiritual well-being.

This division highlights three major consequences that those skeptical of ATM pointed out. First, there is the risk of misplaced reliance where individuals might start viewing traditional healers and their remedies as the primary source of healing, rather than recognizing God's hand in the process. Second, some participants voiced concerns about the potential for spiritual confusion. When engaging with practices rooted in traditional beliefs, there is a fear that the underlying spiritual narratives could conflict with Christian teachings. Lastly, the worry of community judgment looms large; individuals may feel torn between cultural practices and their faith, leading to a sense of isolation or guilt.

When we compare these findings to previous studies, we see a nuanced landscape. Research has shown varying degrees of acceptance of ATM among Christians, with some studies indicating a growing trend towards integration, similar to my findings. For example, Policies such as the Mental Health Policy 2020 and the National Traditional and Contemporary Medicine support collaboration between traditional healers and biomedical practitioners.¹⁹² The World Health Organization advocates for the promotion of African Traditional Medicine in African nations as a strategy to enhance medical accessibility in regions where biomedical healthcare is not readily available.¹⁹³ Effective integration

¹⁹² Stanley Sue, "Mental Health Policy," *The State of Asian Pacific American: Policy Issues to the Year 2020*, 2020, 79

¹⁹³ World Health Organization, "Guidelines for Registration of Traditional Medicines in the WHO African Region" 11.

would require mutual respect and training programs that allow for an exchange of knowledge, addressing the stigma and barriers that currently exist. Training is crucial for both groups, with suggestions to include African Traditional Medicine in the curriculum for medical students to foster a better understanding of these practices. However, the concerns expressed by the minority in my study echoes sentiments that suggest a concept that while many are open to blending these worlds, a significant portion remains cautious, underscoring the complexity of faith in the context of cultural practices. Ultimately, this discussion encourages us to reflect on the broader implications of these beliefs. It invites a deeper understanding of how individuals navigate their faith concerning traditional practices. As we move forward, it is crucial to foster open dialogues that honor both perspectives, allowing for a richer, more holistic approach to healing that respects individual beliefs while acknowledging the intricate mix of culture and faith.

6.4 Ethical Issues and Dilemmas

In examining the ethical dilemmas faced by members of the Baptist Convention of Malawi (BACOMA) in the Lilongwe district regarding African Traditional Medicine (ATM), it becomes clear that the interplay of cultural practices, personal beliefs, and the expectations placed on church leadership creates a complex mix of challenges. The discussions with participants reveal a rich array of themes that not only speak to the struggles within the community but also resonate with broader conversations about faith and cultural identity. The theme of Conflict between Cultural Practices and Church

Teachings stands out prominently, noted by 40% of participants. This clash is not just a theoretical debate; it manifests in real-life consequences, leading to confusion and alienation among church members. Over 90% of participants recounted personal stories where friends or family felt ostracized for adhering to traditional customs that the church labeled as incompatible. This speaks volumes about the struggle to honor one's cultural heritage while navigating the tenets of faith. It is a poignant reminder of the delicate balance that faith communities must strike honoring their spiritual convictions while also recognizing and respecting the cultural identities of their members.

This conflict echoes findings from previous studies that highlight similar tensions in various religious contexts, suggesting that the challenge of reconciling cultural identity with religious teachings is a widespread issue, not unique to BACOMA. For example, Gabasiane calls for a "missiological dialogue" between modern Medicine and African Traditional Medicine, as there are areas where they can learn from each other and potentially cooperate.¹⁹⁴ Gabasiane calls for dialogue between Modern Medicine and ATM, acknowledging the continued use of both systems in sub-Saharan Africa. Ngara advocates for cognitive justice, promoting inclusivity and dialogue between Western and indigenous medical knowledge systems.¹⁹⁵ Mawere et al. highlight the conflict between Christianity, particularly Pentecostalism, and ATM, recommending cooperation between

¹⁹⁴ Gabasiane, "Adventist Mission and African Traditional Medicine: Breaking the Silence." 91.

¹⁹⁵ Ngara, "Multiple Voices, Multiple Paths: Towards Dialogue between Western and Indigenous Medical Knowledge Systems."

biomedicine, traditional practitioners and Christian groups.¹⁹⁶ I think that for this partnership to succeed, various stakeholders should provide civic education to believers, health personnel, and traditional healers about the possible collaboration between modern medicine and African Traditional Medicine while respecting the Christian faith.

The theme of Personal Beliefs and Experiences, mentioned by 35% (7 out of 20 participants), further enriches this discussion. The participants' reflections on their faith journeys illustrate that personal experiences significantly shape one's understanding of ATM and ethical dilemmas. The struggle to reconcile faith with personal hardships led to profound questions about their beliefs. These people found that their faith provided a sturdy anchor amidst life's storms. This diversity of perspectives emphasizes the deeply personal nature of ethics within a faith community. It reminds us that behind every ethical dilemma, there are individual stories that reflect a broader array of human experiences.

Interestingly, the issue of Pastoral Roles and Responsibilities emerged as a theme in addressing the issue of ATM and Christian faith. Among 15% (3 out of 20 participants) there was the expectation for pastors to guide their congregations through these ethical quagmires. Many participants voiced the urgent need for pastoral support and training that equips leaders to address these issues effectively. This aligns with previous research emphasizing the importance of pastoral care in navigating ethical complexities. The responsibility placed on church leaders to bridge the gap between cultural practices and

¹⁹⁶ Mawere et al, “‘Piercing the Veil into Beliefs’: Christians Metaphysical Realities Vis-à-Vis Realities on African Traditional Medicine.” 78.

church teachings is substantial, often leaving them in precarious positions. It raises an essential question: Are our church leaders adequately supported in this critical role?

Lastly, the theme of the Impact of Faith and Divine Healing, although mentioned by only 10% of participants, sheds light on a significant concern for some members. The idea that ethical dilemmas could lead to a crisis of faith, particularly regarding beliefs about healing and divine intervention, cannot be overlooked. For these individuals, the intersection of ethics and spirituality is deeply personal and laden with emotional weight. This minority perspective highlights a crucial aspect of the conversation: the need to consider how ethical dilemmas influence not just individual beliefs but also the overall spiritual health of the congregation.

The findings from this investigation reveal a community grappling with the intricate balance of faith, culture, and ethical decision-making. The themes identified show conflict between cultural practices and church teachings, personal beliefs and experiences, pastoral roles, and the impact of faith. This underscores the necessity for ongoing dialogue within BACOMA. For example, Research by Fiedler and Landman found that the Baptist Convention's health responses are always wholistic and influenced by the Baptist distinctive of individual conscience, patriarchy, economic factors, and church polity.¹⁹⁷ They found that the Baptist distinctive of members exercising individual conscience decisions and the autonomy of congregations make it impossible for the

¹⁹⁷ Fiedler and Landman, "The Impact of Traditional Health Practices, Revivalism, Patriarchy and Economic Factors on the History of the Baptist Convention's Health Response in Post-Independence Malawi," 2024.

Convention to have a clear stand on Traditional Medicine.¹⁹⁸ As a result, faith healing approaches that did not deny the use of either traditional or biomedical treatment affected the Convention's position on traditional medicine.¹⁹⁹ The unique nature of personal conscience and autonomy within the congregation creates obstacles to making well-informed decisions about ATM. Therefore, it is essential to create spaces for conversation that honor both cultural heritage and spiritual beliefs, ensuring that people hear and value all voices. As these discussions unfold, they may pave the way for a more inclusive and understanding community, where faith and culture can coexist harmoniously.

6.4.1 Understanding God's Will on Healing in Relationship

At the heart of the BACOMA's perspective often lies the conviction that God is ultimately the source of all healing. This conviction is deeply rooted in the understanding of biblical teachings, particularly those emphasizing God's sovereignty. As such, while BACOMA members acknowledge the existence and apparent efficacy of ATM, the study indicates that they often maintain a cautious, sometimes even resistant, stance towards its integration with their faith practices. This position stems from a core theological belief that healing is a divine gift, and the legitimacy of any healing modality must ultimately align with God's will.

The finding highlights that BACOMA members recognize that the Bible teaches the existence of three categories of God's will, each adding layers of complexity to the

¹⁹⁸ Ibid.

¹⁹⁹ Ibid.

question of healing: Decretive (Sovereign) Will, Preceptive (Revealed) Will, and Permissive Will. These three aspects of God's will be crucial in understanding the BACOMA's practical position on healing and its potential relationship with ATM. Again, these distinctions provide a framework for navigating this sensitive topic with both theological integrity and cultural sensitivity.

6.4.1.1 The Decretive (Sovereign) Will of God

This refers to God's immutable plan and purposes for the world. It encompasses everything that God has ordained and will bring about, irrespective of human intervention. In the context of healing, this means that God has the ultimate power to either grant or withhold healing according to His sovereign purposes.²⁰⁰ This aspect of God's will is beyond human understanding and intervention; it is a recognition of God's absolute control over life and death, health, and sickness.²⁰¹ The implications of God's decretive will are profound. It means that healing, or the lack thereof, is not necessarily a reflection of a person's faith, righteousness, or lack thereof. God may choose to heal miraculously, allow sickness for a specific purpose, and ultimately allow death. This understanding fosters humility and encourages believers to trust in God's wisdom, even when faced with unanswered questions.

For the BACOMA, recognizing God's sovereign will means acknowledging that they cannot limit God on how He heals His people. The Bible provides numerous

²⁰⁰ Henry Blackaby, Richard Blackaby, and Claude King, *Experiencing God: Knowing and Doing the Will of God* (Nashville: B&H, 2008), 11

²⁰¹ Alvin T. Baker, "Knowing the Will of God: Toward a Practical Theology," *Journal of Pastoral Practice*, 8 2 (1986): 15.

examples of God's diverse methods of healing. He could advise some people to use plants for healing, as seen in Old Testament prescriptions while instructing others to pray. In the New Testament, Jesus could heal instantly with a word, "Your faith has healed you" – or, as in the case of the blind man, He used a mixture of soil and saliva. These diverse methods demonstrate God's freedom to operate according to His own will, unbound by human expectations or preferences. This concept emphasizes that while human efforts, including the use of medicine, can be part of the process, after all, we should acknowledge God's ultimate authority.

6.4.1.2 The Preceptive (Revealed) Will of God

This embodies God's specific commandments and guidelines as revealed in the Bible. This emphasizes the importance of obedience to God's word as a path to spiritual and even physical well-being. This includes principles of prayer, faith, and reliance on God's promises. When considering healing, this often translates into actively seeking God's intervention through prayer and fasting while adhering to biblical precepts on right living. This aspect of God's will is often associated with conditional promises and blessings often tied to obedience. This concept of the Will of God emphasizes the importance of actively engaging with God's promises concerning healing. This includes diligently studying the Scriptures, claiming specific verses related to health and wholeness, and cultivating a strong faith in God's ability to heal. Prayer and fasting are seen as powerful tools for seeking God's intervention and aligning oneself with His will. Furthermore, adherence to biblical principles regarding moral conduct, healthy living, and forgiveness consider it as integral to maintaining spiritual and physical well-being. In

this understanding, church leaders heal some sicknesses through laying on hands and prayer. Yet, the perceptive will of God often presents a conditional promise: If you obey God's commandments, God will heal your all sickness. This is not to say that every instance of sickness is a direct consequence of disobedience, but rather that a life lived under God's will promotes overall health and well-being. However, the BACOMA church members need to recognize that there are circumstances where God, for His reasons, may choose not to heal.

6.4.1.3 The Permissive Will of God

This refers to God's allowance of events and actions within the world that may not align with his ideal but He allows it to happen. This category acknowledges the presence of human agency and the possibility of choices that may deviate from God's desired path. In the context of healing, this means that while a person may choose to seek alternative treatments, including ATM, the effectiveness and outcomes are ultimately subject to God's overarching authority. The connection with African Traditional Medicine becomes more complex here.

BACOMA recognizes the reality of human free will and the ability to make choices that may not be in alignment with God's perfect plan. This includes the decision to seek medical treatment from various sources, including ATM. BACOMA may not explicitly endorse ATM practices due to concerns about potential conflicts with biblical teachings. This is true especially with those related to spiritual practices and the invocation of spirits. They acknowledge that individuals have the autonomy to make

choices regarding their health. If traditional healers treat someone and they are healed, this concept would emphasize that the credit should go to God because He is the one who ultimately facilitated the healing, perhaps even using the traditional healer as an instrument. This perspective encourages a biblically sound, God-centred view of healing, regardless of the source of treatment.

6.4.4 Understanding ATM and Faith

The key for BACOMA lies in discerning whether the practices within ATM align with biblical principles. Questions arise concerning the source of power, the presence of animistic rituals, and the potential for idolatry. If aspects of ATM directly contradict biblical teachings, BACOMA would likely advise against its use. However, if certain practices are deemed neutral and potentially beneficial (e.g., herbal remedies with no spiritual connotations), individual believers may have the freedom to explore those options while remaining firmly grounded in their faith. Ultimately, BACOMA's perspective on ATM is rooted in a desire to maintain theological integrity while acknowledging the complexities of the cultural context. They strive to encourage believers to prioritize prayer, faith, and obedience to God's word in their pursuit of healing, while also recognizing that God can work through various means, including modern medicine and, potentially, selected aspects of ATM, within the framework of His sovereign will. I can summarize this perspective with the sentiment that is often found in modern hospitals: "We treat, but God heals." This underscores the crucial understanding that while human efforts are valuable, God is the ultimate source of healing. It is a

mentality that every believer should adopt the concept of acknowledging human agency while remaining steadfast in the belief that only God holds the power to restore health and wholeness.

Within BACOMA, people might argue that, in cases where modern medicine is unavailable, seeking help from a traditional healer is a form of God's permissive will, as long as there is no clear conflict with Christian principles. Others may maintain a stricter stance, advocating solely for prayer and faith as the primary means of healing. The situation is made more complicated by the different practices within ATM. Some practices, like using certain herbal remedies, are harmless or helpful. However, others are linked to spiritual beliefs that BACOMA would oppose.

As the world continues to evolve, and access to healthcare improves, BACOMA will likely continue to grapple with the complex interplay of faith, tradition, and healing. A dialogue demands careful consideration of both theological convictions and the cultural realities of its members. The challenge for BACOMA lies in finding a balanced approach, one that upholds its core beliefs while addressing the practical needs of a community often deeply rooted in both faith and tradition. The conversation surrounding ATM is not simply about right or wrong, but rather about navigating a complex landscape with wisdom, discernment, and above all, a compassionate understanding of the various forces shaping the lives and beliefs of the congregants, to guide Christians to make informed decisions regarding the use of the ATM in the light of the Christian faith. BACOMA will require ongoing dialogue, reflection, and a commitment to walking alongside its

members in terms of assuring them that the Bible does not approve or disapprove the use of ATM as they seek healing in a world of both faith and tradition.

"The heart of the matter is that we must be wise as serpents and innocent as doves. We cannot deny the realities of our culture, but we must also hold fast to the truth of God's word. It is not always clear where the lines are drawn, and so we must continually seek the wisdom of the Holy Spirit in all things."

²⁰²

This quote, while not from a specific individual, effectively reflects the tension and the call to discernment that permeates discussions within BACOMA regarding ATM. It encapsulates the challenges of navigating conflicting cultural realities and theological principles.

The study's findings indicate a subtle tension between adherence to orthodox religious doctrine and a reliance on traditional healing methods deeply rooted in African culture. To reconcile this apparent contradiction, members often turn to biblical passages, attempting to find justification for their choices. One of the most frequently cited examples is the story of King Hezekiah in Isaiah 38. In this narrative, God instructs the prophet Isaiah to tell the ailing king to apply a fig poultice to his boil. While seemingly straightforward, the use of this passage to validate the use of ATM reveals a critical flaw in interpretation. People often highlight the fig poultice as a divine endorsement of natural remedies, conveniently overlooking the crucial element of prayer. The healing of Hezekiah was not simply a result of the fig paste. It was a direct response to Hezekiah's fervent prayer and repentance. God's intervention was paramount; the fig poultice served

²⁰² Bruce L. Edwards, and Branson L. Woodard Jr. "Wise as Serpents, Harmless as Doves: Christians and Contemporary Critical Theory." *Christianity & Literature* 39, no. 3 (1990): 305.

as a symbolic act ordained by the divine, not a self-sufficient cure. To isolate the fig poultice and present it as a biblical precedent for ATM is to strip the passage of its core message: faith and divine intervention are the ultimate sources of healing.

This tendency to interpret scripture out of context, to select verses, and to ignore the broader narrative, raises profound ethical questions. Selectively interpreting scripture risks the creation of a distorted understanding of God's role in healing and potentially undermining the importance of prayer and faith. Just as for Western medication, the study does not identify a biblical justification for the use of ATM; rather, it highlights how members of the BACOMA church misinterpret scripture to validate its use. The core issue is not whether the Bible permits Christians to use ATM. Instead, it is about engaging with the individual Christian conscience. Arguments presented by BACOMA members often lean towards a teleological approach focusing on the perceived beneficial outcome of ATM rather than grounding themselves in purely biblical (ontological) arguments. People cite anecdotal evidence of ATM's efficacy, a point that underscores the need for rigorous scientific evaluation of these practices. Indeed, the appeal of ATM frequently stems from a perceived "good" outcome for one's health. However, this pragmatism raises ethical concerns. While acknowledging the potential benefits and personal experiences, consulting herbalists for health issues, while seemingly harmless, carries the risk of syncretism. This combination of faith and cultural beliefs can subtly shift the focus away from God and towards practices potentially rooted in contradictory religious systems. Ultimately, people cross the line when consultation extends to spirit

mediums or diviners. The Bible explicitly condemns this practice, notably in Deuteronomy 18:14, which considers it a sin.

Within the Baptist Convention of Malawi, however, the decision to embrace or reject ATM presents a complex theological and ethical dilemma for its members. While personal experiences and perceived benefits of ATM are often cited as justifications, individuals are increasingly grappling with the question of whether these choices align with the fundamental tenets of their faith. This internal debate necessitates a move beyond superficial biblical justifications, prompting a critical examination of the underlying motivations and potential consequences of integrating ATM into one's life. Are individuals truly guided by a rigorous interpretation of scripture, or are they unconsciously rationalizing practices that could potentially undermine their faith?

One of the most significant ethical considerations surrounding ATM is the potential for **syncretism**. Syncretism, in a religious context, refers to the blending of different belief systems, often resulting in a diluted or altered form of the original faith. In the context of ATM, this might manifest as the integration of traditional spiritual practices, such as ancestor veneration or reliance on traditional healers as spiritual intermediaries, with Christian beliefs and practices. Such blending can blur the lines between faith in God and reliance on other spiritual entities or powers, potentially compromising the individual's relationship with Christ.

Furthermore, the ethical implications surrounding the source and methods employed within ATM need careful consideration. Do people source the herbs and

remedies sustainably and ethically? Are the practices involved transparent and free from manipulation or exploitation? These critical questions require investigation and introspection. The discussion surrounding ATM within the Baptist Convention of Malawi should not be a simple black-and-white debate about acceptance or rejection. Instead, it should foster an environment of open dialogue and critical self-reflection. This dialogue must encourage individuals to:

- **Engage with scripture deeply:** Moving beyond cherry-picked verses, individuals need to understand the overarching biblical narrative and principles relevant to healing, faith, and spiritual discernment.
- **The potential for syncretism:** Are ATM practices inadvertently mixing with or replacing core Christian beliefs?
- **Examine the ethical implications:** Are the sources and methods of ATM practices aligned with Christian values of honesty, integrity, and respect for life?
- **Seek guidance from spiritual leaders and theologians:** Engage in discussions with pastors and theological experts to gain a deeper understanding of the theological implications of ATM.

6.5 Conclusion

The decision to use or avoid ATM is a deeply personal one, guided by conscience and individual understanding. However, this decision must be grounded in **sound**

theological understanding and a genuine pursuit of spiritual integrity. By engaging in thoughtful deliberation and critical self-reflection, members of the Baptist Convention of Malawi can navigate the complex intersection of faith and healing, making informed choices that are both grounded in their beliefs and responsive to the needs of their community. This requires a courageous willingness to engage in honest dialogue and a commitment to seeking truth in all its complexities. Only then can individuals confidently navigate the crossroads of faith and healing, ensuring that their choices honor both their heritage and their commitment to Christ.

CHAPTER 7

CONCLUSION, RECOMMENDATIONS, AND IMPLICATIONS OF THE STUDY

The intersection of faith, culture, and healthcare choices presents a complex and often challenging landscape. Within the Baptist Convention of Malawi (BACOMA) community in Lilongwe, this intersection is particularly evident in the diverse perspectives on African Traditional Medicine (ATM). This study explored these perspectives and revealed a rich tapestry of beliefs, experiences, and ethical considerations, highlighting the need for nuanced understanding and inclusive dialogue.

The research paints a picture of a community grappling with the integration of African Traditional Medicine and modern medical approaches. While 12 out of 20 participants (Representing 60%) embraced ATM as a culturally significant practice that could coexist harmoniously with modern medicine, a significant portion (40%) expressed reservations. This division underscores the critical role of cultural context in shaping individual health decisions and emphasizes the importance of moving beyond a monolithic view of healthcare.

The study reveals that BACOMA church members hold a spectrum of views on ATM, ranging from complete acceptance to outright rejection. The study noted that roughly 50% of participants view ATM positively underscoring its continued relevance and cultural significance within the community. This acceptance is often rooted in a deep

connection to African traditions, a belief in the holistic nature of ATM, and a perceived accessibility that may not always be present in modern healthcare systems.

However, the research also highlights a considerable level of skepticism. Approximately 20% of participants expressed semi-acceptance, while another 20% voiced concerns about the safety and scientific validity of ATM practices. These concerns often stem from a lack of understanding of ATM's efficacy, potential risks associated with unregulated practices, and a reliance on scientific evidence as the primary basis for healthcare decisions. The relatively small percentage of respondents (10%) who fully reject ATM suggests that there is potential for greater understanding and integration, provided concerns are addressed and misconceptions are clarified.

The study directly addresses key research questions, providing valuable insights into the BACOMA community's relationship with ATM.

7.1 The practical position of BACOMA members on ATM is not uniform

The findings demonstrate that the community's stance on ATM is far from monolithic. It spans the spectrum from enthusiastic acceptance to cautious skepticism and complete rejection. This diversity highlights the importance of avoiding generalizations and acknowledging the individual experiences and beliefs within the BACOMA community.

7.2 The basis underpinning these positions is multifaceted

The study reveals that the justifications for these varied positions are complex and influenced by a combination of personal interpretations of scripture, varying levels of trust in scientific evidence, and individual lived experiences. BACOMA church members find support for ATM within their understanding of biblical teachings and cultural influence. Personal experiences with ATM, both positive and negative, also play a significant role in shaping individual perspectives.

7.3 The practical effect of ATM on Christian faith varies significantly

BACOMA church members claim that the use of ATM strengthens their sense of traditional beliefs and fosters a need for good health. It is a way to connect with their tradition and address health concerns within a framework that aligns with their cultural values. However, the use of ATM creates internal conflict and potential spiritual doubt. This conflict arises from the perceived tension between traditional practices and church teachings, leading to questions about the compatibility of faith and cultural traditions. The study does not identify a biblical justification for the use of ATM; rather, it highlights how members of the BACOMA church misinterpret scripture to validate its use.

7.3.1 Ethical Dilemmas and the Role of Church Leaders

The research sheds light on the ethical dilemmas many BACOMA members face as they navigate the intersection of cultural traditions and church teachings. They find themselves caught between honoring their traditional practices and adhering to the principles of their Christian faith. This tension is particularly pronounced when dealing with health issues, where the pressure to conform to cultural expectations can clash with personal beliefs and medical advice. The study emphasizes the significant role of church leaders in guiding these conversations and providing support to community members. Pastors and church elders are often consulted on matters of faith and health, and their guidance can significantly influence individual choices. This highlights the need for pastoral training and resources to equip church leaders with the knowledge and understanding necessary to navigate these complex issues in a sensitive and informed manner. Providing pastoral support is crucial to help community members make health choices that honor both their faith and their cultural heritage.

7.4 Recommendations for Future Research and Action

Based on the findings of this study, several recommendations are offered for future research and practical action. These recommendations aim to foster a more informed, collaborative, and culturally sensitive approach to healthcare within this community. They encompass the development of culturally tailored health education

programs, the exploration of collaborative opportunities between traditional healers and healthcare providers, and the implementation of longitudinal studies to understand the long-term effects of ATM use.

7.4.1 Health Education Programs

One of the most pressing needs is for culturally sensitive health education programs within BACOMA churches. These programs should aim to provide balanced information about both ATM and modern medicine, addressing common misconceptions and promoting informed decision-making. Many individuals within the BACOMA community may hold beliefs about the efficacy of ATM rooted in cultural traditions, personal experiences, or spiritual convictions. These beliefs, while deeply held, may not always align with scientific evidence-based practices. On the other hand, modern medicine may be viewed with skepticism or distrust due to factors such as historical experiences, perceived cultural insensitivity, or concerns about cost and accessibility. The effective programs may include;

- **Balanced Information:** The programs must present information about both ATM and modern medicine, highlighting their potential benefits and risks. This includes discussing the scientific evidence supporting or refuting the effectiveness of specific ATM practices, as well as the potential side effects and limitations of modern medical treatments.
- **Addressing Misconceptions:** Health education should proactively address common misconceptions surrounding both ATM and modern medicine. This

requires understanding the specific beliefs and concerns prevalent within the BACOMA community and familiarizing the information to address these issues directly.

- **Promoting Informed Decision-Making:** The ultimate goal is to empower individuals to make informed decisions about their healthcare. This involves providing them with the knowledge and critical thinking skills necessary to evaluate different treatment options and choose the approach that best aligns with their values, beliefs, and health needs.
- **Cultural Sensitivity:** The programs must be facilitated in a culturally appropriate manner, respecting the beliefs and values of the community. This includes using language that is accessible and understandable, incorporating culturally relevant examples and stories, and involving community leaders and respected elders in the design and delivery of the programs.
- **Interactive and Participatory Methods:** Engagement is crucial. Lectures alone are insufficient. The programs should employ interactive methods such as group discussions, role-playing, and case studies to encourage active participation and facilitate the exchange of ideas.
- **Qualified Facilitators:** The individuals who are knowledgeable about both ATM and modern medicine should facilitate programs, as well as cultural sensitivity and health communication. These facilitators should be able to create a safe and

respectful environment where participants feel comfortable asking questions and sharing their perspectives.

7.4.2 Collaboration between Traditional Healers and Official Healthcare Providers

Another crucial recommendation is to explore the potential for collaboration between traditional healers and healthcare providers. This collaboration can improve access to care and promote holistic well-being. Traditional healers hold a significant position within many communities, including BACOMA churches. They are often trusted sources of healthcare information and provide care that is culturally relevant and accessible. However, their practices may not always align with modern medical standards, and they may lack the resources and training necessary to address complex health issues effectively. Effective collaboration may include;

- **Mutual Respect and Understanding:** Collaboration must be built on a foundation of mutual respect and understanding between traditional healers and healthcare providers. This requires recognizing the value of each other's knowledge and expertise and being open to learning from one another.
- **Clear Communication Channels:** Establishing clear communication channels between traditional healers and healthcare providers is essential for effective collaboration. This can involve creating referral systems, holding joint training sessions, and developing shared protocols for patient care.

- **Defining Roles and Responsibilities:** It is important to define clearly the roles and responsibilities of each party in the collaboration. This includes determining which types of conditions are best suited for traditional healing, and types which require modern medical intervention of, and on the other hand, how to coordinate care for patients who are receiving both types of treatment.
- **Addressing Ethical Considerations:** Collaboration must address ethical considerations such as patient confidentiality, informed consent, and cultural sensitivity. Guidelines should be established to ensure that patient's rights and well-being are protected.
- **Community Involvement:** The community should be involved in the design and implementation of collaborative initiatives. This can help to ensure that the initiatives are culturally appropriate and meet the needs of the community.

7.4.3 Longitudinal Studies on the Long-Term Impact of ATM Use

Finally, the study recommends conducting longitudinal studies to assess the long-term impact of ATM use on the spiritual and physical health of BACOMA members. These studies can provide valuable insights into the potential benefits and risks associated with ATM use, as well as the impact on individuals' faith and overall well-being. While subjective evidence and traditional beliefs may suggest that ATM practices have beneficial effects, rigorous scientific research is needed to determine their true impact on health outcomes. Longitudinal studies, which follow individuals over an extended period,

are particularly valuable for assessing the long-term effects of ATM use and identifying any potential risks. Key elements to consider when doing a longitudinal study include;

- **Study Design:** The study design should be rigorous and include appropriate control groups to minimize bias and ensure the validity of the findings.
- **Data Collection:** Data should be collected on a wide range of variables, including physical health, mental health, spiritual well-being, ATM use patterns, and socioeconomic factors.
- **Cultural Sensitivity:** Data collection methods should be culturally sensitive and respectful of participants' beliefs and values.
- **Ethical Considerations:** Ethical considerations such as informed consent, confidentiality, and data security should be carefully addressed.
- **Collaboration with Community Partners:** Collaboration with community partners, such as BACOMA church leaders and traditional healers, is essential for ensuring the success of the study and the relevance of the findings.

7.5 Implications of this study

The implications of this study are significant and extend to various stakeholders, demanding proactive engagement from leadership, healthcare providers, and policymakers alike.

7.5.1 BACOMA Leadership

The path forward lies in fostering inclusivity and sensitivity. Recognizing the diverse range of beliefs within the community regarding health and healing is paramount. The development of clear guidelines on ATM use is essential, but these guidelines must be accurately crafted through consultation with community members and healthcare professionals. This collaborative process ensures that the resulting framework is not only culturally relevant but also medically sound, safeguarding the well-being of individuals while respecting their deeply held traditions. The key is to create a bridge between conventional medicine and traditional practices, establishing a framework that allows both to coexist and contribute to the overall health of the community.

7.5.2 Healthcare Providers

Health Care Providers operating within the Lilongwe District bear a crucial responsibility to cultivate understanding and respect for their patients' cultural beliefs. This requires a paradigm shift away from potentially dismissive attitudes towards traditional healing methods. Instead, healthcare professionals must prioritize active listening, open communication, and a genuine willingness to learn about different cultural perspectives on health and healing. Incorporating traditional practices where appropriate and safe should be considered, drawing on the wealth of knowledge that exists within the community. This approach not only builds trust and rapport with patients but can also lead to more effective and holistic treatment plans that acknowledge the multifaceted nature of health and well-being.

7.5.3 Policymakers

Policymakers have a vital role to play in fostering constructive dialogue and collaboration between traditional healers and modern healthcare providers. This necessitates proactive support for initiatives that bridge the gap between these two worlds. This can involve strategically allocating funding for research to understand the efficacy and safety of ATM practices. Furthermore, developing training programs for both traditional healers and healthcare professionals can facilitate mutual understanding and knowledge sharing. Crucially, policymakers should also focus on creating regulatory frameworks that ensure the safety and effectiveness of ATM practices, protecting vulnerable individuals from potentially harmful treatments while preserving the valuable cultural heritage embedded within these traditions.

Ultimately, this research underscores the importance of recognizing and respecting the complex interplay of faith, culture, and health in the lives of BACOMA members. By fostering dialogue, promoting education, and encouraging collaboration, we can empower individuals to make informed health choices that honor their identities and promote well-being. This requires a commitment to understanding diverse perspectives, addressing misconceptions, and creating a healthcare system that is both culturally sensitive and medically sound. Only then can we truly bridge the worlds of tradition and modernity, faith and science, and empower individuals to live healthier and more fulfilling lives.

APPENDIX A RESEARCH QUESTIONNAIRE

1. How do you, in practice, view and interact with African Traditional Medicine (ATM) within the context of your beliefs and practices as a member of the Baptist Convention of Malawi (BACOMA)?
2. Can you describe any specific instances where you or someone you know has considered or used ATM, and what factors influenced that decision?
3. What are the perceived benefits or drawbacks of using ATM within your community and personal life?
4. How do you reconcile the teachings of the Bible with the use of African Traditional Medicine?
5. What role does scientific understanding or evidence play in your personal views on ATM?
6. Are there specific aspects of ATM that align with or conflict with your understanding of Christian faith or scientific principles?
7. How does the use of ATM influence your relationship with your faith or your involvement in the church community?
8. In what ways do you think the church could better support or guide members in making decisions about using ATM?
9. What are the ethical considerations that come to mind when balancing the cultural traditions of ATM with church teachings and personal faith?

10. Can you describe your overall experience and perspective on the intersection of African Traditional Medicine, your Christian faith, and your cultural identity?

APPENDIX B

CASE SUMMARIES

	ID	Gender	Position	Basis	Impact	Reason
1	Member	Female	Acceptance	Biblical	Negative	Financial Constraints
2	Pastor	Male	No Acceptance	Biblical	Positive	.
3	Pastor	Male	Acceptance	Biblical	Balance	Religion Beliefs
4	Pastor	Male	Semiacceptance	Personal Preference	Balance	.
5	Member	Female	Acceptance	All	Balance	Financial Constraints
6	Member	Male	Semi acceptance	All	Balance	.
7	Pastor	Male	Skeptical	All	Balance	.
8	Pastor	Male	Acceptance	Biblical	Negative	Religion Beliefs
9	Member	Female	Acceptance	All	Negative	Desperation in times of distress
10	Pastor	Male	Skeptical	All	Balance	.
11	Pastor	Male	No Acceptance	Biblical	Positive	.
12	Member	Male	Semi Acceptance	Biblical	Balance	.
13	Member	Female	Acceptance	Biblical	Negative	The Accessibility Barrier
14	Member	Male	Acceptance	All	Negative	Financial Constraints

15	Pastor	Male	Acceptance	All	Negative	Religion Beliefs
16	Member	Male	Acceptance	all	Negative	Religion Beliefs
17	Pastor	Male	Skeptical	all	Balance	.
18	Pastor	Male	S e m i Acceptance	all	Balance d	.
19	Member	Male	Acceptance	all	Negative	Desperation in times of distress
20	Member	Female	Skeptical	all	Balance	.
Total	N	20	20	20	20	10

Cross tabulation of Position*ID

Position Cross tabulation

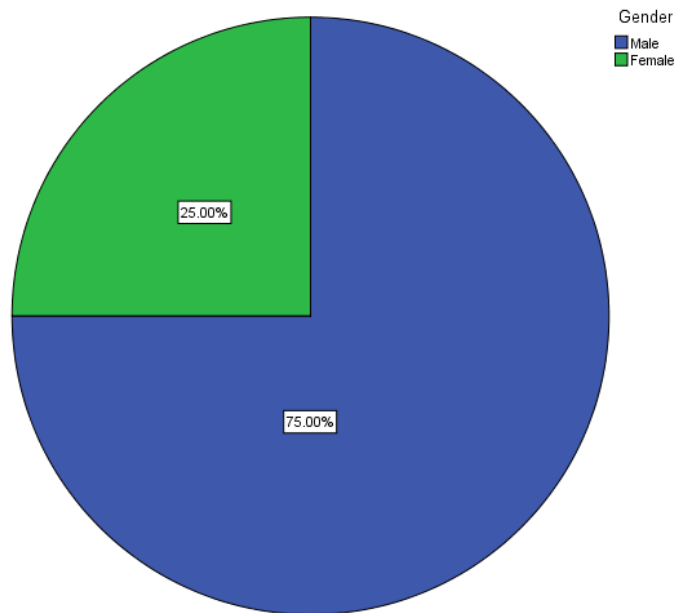
Count		Position				Total
		Acceptance	No	Semi	Skeptical	
		Acceptance		Acceptance		
ID	Member	7	0	2	1	10
	Pastor	3	2	2	3	10
Total		10	2	4	4	20

Cross tabulation of Position*Gender

Gender * Position Cross tabulation

Count		Position				Total
		Acceptance	No	Semi	Skeptical	
		Acceptance		Acceptance		
Gender	Male	6	2	4	3	15
	Female	4	0	0	1	5
Total		10	2	4	4	20

The Frequency of Gender



APPENDIX C

COMMON HERBAL REMEDIES

Traditional Medicinal Uses of *Moringa Oleifera*



Moringa oleifera's significance extends beyond its nutritional value, as it is a highly valued medicinal plant deeply rooted in traditional folk medicine. This versatile plant, also known as the "miracle tree," holds immense importance due to its diverse medicinal properties. Different parts of the *Moringa oleifera* plant, including the leaves, roots, seeds, bark, fruit, flowers, and even the immature pods, are utilized for their therapeutic benefits. These plant parts have demonstrated a range of pharmacological activities, acting as cardiac and circulatory stimulants, and exhibiting antitumor, antipyretic (fever

reducing), antiepileptic, anti-inflammatory, and antiulcer properties.²⁰³ This wide array of potential health benefits underscores the plant's significant role in traditional healing practices and highlights the need for further scientific exploration to fully understand and harness its therapeutic potential. The Extracts from leaves, seeds, and bark show significant pain-relieving action in both focal (hot plate technique) and fringe models (acid-induced squirming strategy), in a dose-dependent manner.²⁰⁴ The following are some of the benefits of *Moringa oleifera*:

Pain Relief: *Moringa oleifera* offers potential pain relief due to its natural properties. The plant, particularly the root, possesses rubefacient and anti-inflammatory qualities, suggesting its utility in managing various pain conditions. “Extracts of bark and roots showed anti-inflammatory activity comparable to diclofenac in the same model that people use to relieve pain.”²⁰⁵ Traditionally, it has been used both topically and internally to alleviate rheumatism, articular pains (joint pain), lower back pain, kidney pain, and general inflammations. Research supports these traditional uses, with studies indicating that extracts from the bark and roots of *Moringa oleifera* exhibit anti-inflammatory activity comparable to diclofenac, a common pain relief medication, in experimental

²⁰³ Durgesh Kumar Dubey et al, “A Multipurpose Tree-Moringa Oleifera,” *International Journal of Pharmaceutical and Chemical Sciences* 2, no. 1 (2013): 415.

²⁰⁴ Chirag Prajapati et al, “Moringa Oleifera: Miracle Plant with a Plethora of Medicinal, Therapeutic, and Economic Importance,” *Horticulturae* 8, no. 6 (2022): 492. 11.

²⁰⁵ Bhattacharya et al, “A Review of the Phytochemical and Pharmacological Characteristics of Moringa Oleifera,” *Journal of Pharmacy and Bioallied Sciences* 10, no. 4 (2018): 183.

models. This suggests a promising avenue for exploring *Moringa oleifera* as a natural alternative for pain management.

Gastrointestinal Issues: *Moringa oleifera* offers potential benefits for addressing gastrointestinal issues. The root of the *Moringa* plant has been traditionally used as a carminative, helping to relieve gas and bloating, and as a laxative, providing relief from constipation.²⁰⁶ Furthermore, *Moringa* is considered a viable option in cases of castor oil-induced diarrhea, potentially helping to regulate bowel movements and mitigate the severity of loose stools. However, it is important to note that further research is needed to fully understand the mechanisms and efficacy of *Moringa* in treating specific gastrointestinal conditions. Always consult with a healthcare professional before using *Moringa* for medicinal purposes, especially if you have underlying health conditions or are taking other medications.

Potential Reproductive Health Applications: *Moringa oleifera* presents potential applications in reproductive health, stemming from its reported antifertility and abortifacient properties. Historically, some cultures have employed *Moringa oleifera* as family planning remedies or for the abortion of unwanted pregnancies. However, it is crucial to acknowledge that using *Moringa oleifera* in this way raises significant ethical and safety concerns. The efficacy and safety of such applications are not well established through rigorous scientific research, and self-administration can lead to unpredictable and

²⁰⁶ Farooq Anwar et al, “*Moringa Oleifera*: A Food Plant with Multiple Medicinal Uses,” *Phytotherapy Research: An International Journal Devoted to Pharmacological and Toxicological Evaluation of Natural Product Derivatives* 21, no. 1 (2007): 18.

potentially dangerous outcomes. Furthermore, using a natural product like *Moringa oleifera* for abortion presents complex ethical dilemmas related to reproductive rights and access to safe and legal medical procedures. Therefore, any exploration of *Moringa oleifera*'s potential in reproductive health must prioritize patient safety, informed consent, and adherence to ethical medical practices, with a strong emphasis on comprehensive and reliable family planning resources and access to safe abortion services when required.

Cardiac Support: *Moringa oleifera* offers potential Cardiac Support: Beyond its well-known nutritional value, *Moringa oleifera* has been traditionally used and is currently being investigated for its potential as a cardiac and circulatory tonic. In various local and traditional healing systems, *Moringa* has been employed as a remedy for cardiac problems.²⁰⁷ Furthermore, its inherent antifungal properties are not only beneficial for treating various fungal infections but may also indirectly contribute to overall heart health by reducing inflammation and preventing opportunistic infections, thus supporting cardiovascular well-being. Further research is needed to fully understand and validate these traditional uses and explore the specific mechanisms by which *Moringa oleifera* may support cardiac function.

Treatment of Infections and Inflammation: *Moringa oleifera* boasts a rich history of traditional medicinal uses, particularly in addressing infections and inflammation.²⁰⁸ The leaves, a potent source of nutrients and bioactive compounds, are commonly employed as

²⁰⁷ Prajapati et al, “*Moringa Oleifera*: Miracle Plant with a Plethora of Medicinal, Therapeutic, and Economic Importance.” 1

²⁰⁸ Dubey et al, “A Multipurpose Tree-*Moringa Oleifera*.” 16.

a poultice applied directly to sores, cuts, and wounds to promote healing and combat infection. Furthermore, the leaves are sometimes massaged onto the temples as a natural remedy for headaches, potentially leveraging their anti-inflammatory and analgesic properties. It is equipotent to the standard drug (Aspirin 25mg/kg.).²⁰⁹ In traditional practices, the purgative properties of *Moringa oleifera* are also highly valued. Consuming parts of the plant, typically the leaves or roots in controlled doses, is believed to cleanse the system and eliminate toxins, supporting overall well-being. It is important to note that while these traditional uses have been practiced for generations; further scientific research is needed to fully understand and validate the mechanisms behind these effects and to ensure safe and effective application.

Management of Fever and Respiratory Ailments: *Moringa oleifera* provides management of fever and respiratory ailments. The leaves may be used to treat fevers, sore throats, and bronchitis due to their potential anti-inflammatory and antimicrobial properties.²¹⁰ Traditional medicinal practices often employ *Moringa* leaves in teas, soups, or poultices to help alleviate symptoms and support the body's natural healing process during illnesses. Further research is ongoing to fully understand the mechanisms behind these effects and determine optimal dosages and applications.

Wound Healing and Skin Conditions: *Moringa oleifera* provides wound healing and treatment for skin conditions: Traditional applications of *Moringa oleifera* leaves and

²⁰⁹ Dubey et al. 418-19.

²¹⁰ Prajapati et al, "Moringa Oleifera: Miracle Plant with a Plethora of Medicinal, Therapeutic, and Economic Importance." 9

seeds on sores and minor injuries suggest its potential use for wound healing and treating various skin conditions. Scientific research indicates that phytosterols, such as beta-sitosterol, and phenolic compounds, potent antioxidants, present in *Moringa oleifera* extracts contribute to this wound healing activity.²¹¹ These compounds may promote faster tissue regeneration, reduce inflammation, and protect against infection, leading to accelerated healing and improved skin health. Further studies are needed to fully elucidate the mechanisms of action and optimal formulations for topical application.

Glucose Control: *Moringa oleifera*'s potential for glucose control has long been recognized, suggesting a traditional use in managing diabetes or a promising avenue for future integrated treatments. This belief stems from observations that *Moringa* leaf juice may help regulate glucose levels. Supporting this, scientific research has shown that the ethanolic extract of *Moringa oleifera* leaves exhibits potent anti-diabetic activity.²¹² Studies indicate that this extract effectively lowers blood glucose levels and simultaneously improves insulin sensitivity, further solidifying *Moringa oleifera*'s potential role in diabetes management.

Eye Health: *Moringa oleifera* is believed to provide treatment for eye infections due to its potential antimicrobial and anti-inflammatory properties. Duby claims that eating *Moringa* leaves, pods and leaf powder that contain a high proportion of Vitamin A can help to prevent night blindness and eye problems in children and its juice can be instilled

²¹¹ Dubey et al, "A Multipurpose Tree-Moringa Oleifera." 418.

²¹² Anyanwu Anthony Chinedu, Salako Olanrewaju Alani, and Adeyemi Olufunmi Olaide, "Effect of the Ethanolic Leaf Extract of *Moringa Oleifera* on Insulin Resistance in Streptozotocin Induced Diabetic Rats," *Journal of Plant Sciences* 2, no. 6–1 (2014): 9.

into eyes in cases of conjunctivitis.²¹³ Some studies suggest that compounds found in Moringa may help combat certain bacteria and reduce inflammation in the eyes.²¹⁴ However, further research is needed to confirm its effectiveness and safety. It is important to consult a healthcare professional for proper diagnosis and treatment of eye infections, as Moringa should not be used as a replacement for conventional medical care.



Respiratory and Gastrointestinal Issues: Moringa oleifera exhibits promising potential in addressing respiratory and gastrointestinal issues. Specifically, it shows possible applications in the treatment of asthma, offering a potential avenue for alleviating symptoms and improving the respiratory function.²¹⁵ Furthermore, Moringa oleifera may

²¹³ Dubey et al, “A Multipurpose Tree-Moringa Oleifera.” 419.

²¹⁴ Prajapati et al, “Moringa Oleifera: Miracle Plant with a Plethora of Medicinal, Therapeutic, and Economic Importance,” 7

²¹⁵ Dubey et al, “A Multipurpose Tree-Moringa Oleifera.” 419

be beneficial in managing a range of intestinal complaints, potentially aiding in soothing inflammation, regulating bowel movements, and promoting a healthy gut environment. Its potential extends to the treatment of dysentery, suggesting a possible role in combating the infection and alleviating related symptoms such as diarrhea and abdominal pain. Further research is needed to fully understand the mechanisms of action and efficacy of *Moringa oleifera* in these conditions.

Castor (*Ricinus communis*) Leaves and Seeds

Ricinus communis, commonly known as the castor oil plant, is one of the plants with a long history of medicinal use, prominently featured in African Traditional Medicine and beyond. While castor oil, extracted from the plant's seeds, is globally recognized for its purgative and emollient properties,²¹⁶ African Traditional Medicine practices recognize the therapeutic value of the entire plant, including the leaves and seeds themselves. This holistic approach to utilizing *Ricinus communis* is deeply rooted in ethnobotanical knowledge and generations of empirical observation. Castor leaves have been traditionally employed across diverse African cultures for a range of ailments. Their therapeutic properties are attributed to a complex phytochemical profile, although comprehensive scientific characterization is still ongoing. Ethnobotanical accounts and preliminary research suggest a significant therapeutic potential for castor leaves, particularly in the following areas:

²¹⁶ Sushmita Nath et al, "Restorative Aspect of Castor Plant on Mammalian Physiology: A Review," *Journal of Microbiology, Biotechnology and Food Sciences* 1, no. 2 (2011): 236.

Anti-inflammatory Relief

Inflammation is a central feature of numerous pathological conditions, including arthritis, musculoskeletal pain, and inflammatory skin disorders. African traditional healers widely utilize castor leaves for their potent anti-inflammatory effects.²¹⁷ Poultices or compresses prepared from boiled or heated castor leaves are applied topically to affected areas to alleviate pain, reduce swelling, and promote mobility. This application is particularly common for conditions such as arthritis, joint pain, muscle strains, and sprains.²¹⁸

Mohammed and Albozachri investigated the anti-inflammatory effects of Iraqi castor leaf extract on skin wounds in rabbits, demonstrating a significant reduction in inflammation.²¹⁹ This validates the traditional claim and points towards the presence of bioactive compounds within the leaves responsible for this effect. Scarpa and Guerçi in their review also highlighted the traditional use of castor leaves for rheumatic complaints, further solidifying its ethnopharmacological significance as an anti-inflammatory agent.²²⁰

Wound Healing Accelerator

²¹⁷ Namir I. Mohammed and Jassim M. Khalaf Albozachri, "Use of Iraqi Castor (*Ricinus Communis*) Leaf Extract as Anti-Inflammatory in Treatment of Skin Wounds in Rabbits," in M. Jinu. M, Thankamma. P. George, NA Balaram, Sujisha. SS 2. *Profile of Burn Deaths: A Study Based on Postmortem Examination of Burn Cases at RNT* 20, no. 3 (2020): 642.

²¹⁸ A.V. Ramanjaneyulu et al, "Multifarious Uses of Castor (*Ricinus Communis* L.)," *International Journal of Economic Plants* 4, no. 4 (2017): 175.

²¹⁹ Mohammed and Albozachri, "Use of Iraqi Castor (*Ricinus Communis*) Leaf Extract as Anti-Inflammatory in Treatment of Skin Wounds in Rabbits." 643.

²²⁰ Antonio Scarpa and Antonio Guerçi, "Various Uses of the Castor Oil Plant (*Ricinus Communis* L.) A Review," *Journal of Ethnopharmacology* 5, no. 2 (1982): 118.

Wound management is a fundamental aspect of healthcare, especially in resource-limited settings. Castor leaves have a long history of use in African Traditional Medicine to accelerate wound healing.²²¹ Their purported antimicrobial properties are believed to protect wounds from infection, while their anti-inflammatory action reduces swelling and promotes tissue regeneration.²²²

The study by Mohammed and Albozachri also supports the wound healing properties of castor leaves. They observed improved wound closure and tissue regeneration in rabbits treated with castor leaf extract.²²³ These findings align with the traditional use of castor leaves as a wound healing agent and warrant further investigations into the specific mechanisms and bioactive compounds responsible for this effect, potentially including antimicrobial and tissue-regenerative factors.

Menstrual Cramp Soother

Menstrual cramps (dysmenorrhea) are a common source of discomfort for women globally. In African Traditional Medicine, castor leaves offer a natural remedy for menstrual discomfort by alleviating abdominal pain and reducing cramps. The warmth combined with the potential analgesic and anti-inflammatory properties of the leaves contributes to their therapeutic effect.²²⁴ The application of castor oil, derived from the

²²¹ Ramanjaneyulu et al, “Multifarious Uses of Castor (*Ricinus Communis* L.).” 175.

²²² Mohammed and Albozachri, “Use of Iraqi Castor (*Ricinus Communis*) Leaf Extract as Anti-Inflammatory in Treatment of Skin Wounds in Rabbits,” 642.

²²³ Ibid.

²²⁴ Ibid.

seeds, to the abdomen is also mentioned as a complementary remedy, potentially enhancing the overall soothing effect. While specific studies focusing solely on castor leaves for menstrual cramps are limited, the general anti-inflammatory and analgesic properties attributed to castor leaves, supported by research like that of Mohammed and Albozachri, lend plausibility to their traditional use for this purpose.

Immune System Booster

The concept of boosting the immune system is integral to traditional medicine systems. Castor leaves are believed to possess immune-stimulatory properties, aiding in fighting off infections and enhancing overall health by strengthening the body's natural defenses against pathogens.²²⁵ Castor leaf tea, prepared through decoction, is commonly consumed to bolster immunity, particularly during periods of illness or to promote general well-being. While direct scientific evidence specifically validating the immune-stimulatory properties of castor leaves remains limited, Elkousy et al. investigated the antiviral activity of castor leaf extracts, demonstrating antiviral effects against certain viruses.²²⁶ This suggests the presence of compounds within castor leaves that can modulate immune responses or directly interfere with viral replication, potentially contributing to the traditional use of castor leaves as an immune booster.

²²⁵ Ramanjaneyulu et al, "Multifarious Uses of Castor (Ricinus Communis L.)" 176

²²⁶ Elkousy, Rawah H., Zeinab N.A. Said and Mohamed A. Abd El-Baseer. "Antiviral Activity of Castor Oil Plant (Ricinus Communis) Leaf Extracts," *Journal of Ethnopharmacology* 271 (2021): 113878.. 271

Skin Infection Fighter

Skin infections, including fungal infections like ringworm and eczema, are prevalent in many parts of Africa. Due to their antimicrobial properties, castor leaves are traditionally valued for treating skin infections, promoting skin cleansing, and supporting healthy healing.²²⁷ Crushed or boiled castor leaves are applied topically to the affected skin areas as a natural remedy. The antimicrobial properties of castor leaves are increasingly being recognized in scientific literature. Further research is needed to identify the specific antimicrobial compounds present in castor leaves and to evaluate their efficacy against a broader spectrum of skin pathogens, including bacteria and fungi.

Conclusion

Castor (*Ricinus communis*) leaves and seeds represent a valuable resource within African Traditional Medicine, extending beyond the well-established uses of castor oil. Ethnopharmacological evidence and preliminary scientific studies suggest significant therapeutic potential for castor leaves, particularly in managing inflammation, promoting wound healing, alleviating menstrual discomfort, boosting immunity, and treating skin infections. Castor seeds, while requiring cautious and expert handling due to toxicity, also hold traditional medicinal value.

²²⁷ Ramanjaneyulu et al, "Multifarious Uses of Castor (*Ricinus Communis* L.)" 176.

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